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Original Articles

DISTRICT SUPERVISION OF PUBLIC HEALTH*

PRESIDENT'S ANNUAL ADDRESS
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The adaptability of human living to changing circumstances and new environment has been and continues to be on trial. In the long process of evolution and survival of the fittest, artificial agencies have played little part.

Primitive man had few and simple problems. His dangers were revealed and met in open combat. Enemies demanding of him care, ingenuity, and resource menaced and developed him but did not break the harmony of his life with his surroundings. As he grew in numbers and in refinement of mind and habits, the maintenance of this harmony was increasingly difficult. He was forced to abandon his nomadic life and began to breed his own destroyers. His existence became more and more complicated and dependent upon the development of his science and his art. The operation of the great law of necessity has forced the determination by him of cause and effect. In his pursuit of insidious and unseen foes he has delved in the realms of chemistry and biology, compiled statistics, recorded collateral data, and drawn conclusions, until in his painstaking course, he has brought to light some new and salient facts which are worthy of a place in the foundation of his social structure.

While the basis of the known and fixed is constantly broadening, the need of it is more and more urgent. The undertakings and accomplishments of recent years are marvelous and encouraging. The deep interest manifest in eugenics, pathology, and sanitation has a most hopeful portent. The drift toward the rapids of deterioration is being resisted with all the strength and resource of the race. To what extent a growing population with the keener competition for existence can overcome devasting and limiting tendencies only the future can make reply.

* Delivered before the First General Session of the 48th Annual Meeting of the Michigan State Medical Soicety held at Flint, Mich., Sept. 4-5, 1913.

THE EDUCATION OF THE MASSES

If our civilization is to be permanent and progressive the first requisite is the education of the masses. The people must be taught to reason and to decide, calmly and intelligently, vital questions. They must be able to be convinced by argument and to support sane leaders and corrective measures. Nothing can be done in the face of an adverse or indolent public sentiment, incapable of being aroused to serious consideration or right action.

Expediency and established customs must recede before far reaching laws of living and government. Selfish purposes and individual ends must be subjected to the common welfare.

THE VALUE OF STATISTICS

During the last decade there has been a marked improvement in the methods of gathering statistics. Records are kept over a wider area, they conform more nearly to a standard and thus are more reliable and a surer basis from which to draw conclusions. As in the industrial world a system of cost-keeping is essential to the successful conduct of business, so statistical data are essential to progress in the conservation of health.

With a growing appreciation of the value of this information, the states are one after another falling in line and supplying to the general government the required facts in accordance with a prescribed schedule and rules making them available for study and reform.

PREVENTIVE MEDICINE

The importance of preventive medicine is being recognized and the medical man has placed upon his own shoulders the burden of being a pioneer in this field. With foresight and courage he has borne the responsiblity, made the sacrifices. and led the van. He has raised his own standards and fitted himself for more exacting service without hope of reward except in the consciousness of duty well done.

The dawn of a brighter day is at hand and tremendous strides are being made toward a fundamental organization for research and administration in sanitation. Why we have waited so long upon this result it is difficult to conceive. Starting as a camp follower in the march of progress, public hygiene has been assigned to a position in the fore front of the

fighting line. The examples of its achievements have astonished and drawn the attention of society to the possibility of this agency as well as its necessity if our conception of advancing civilization is to be realized.

It is probable that the time is near at hand when a bureau of Public Health will be instituted at Washington with Cabinet representation. Congress will sooner or later be convinced of the beneficence of such a department. The measure known as the "Owen Bill' should have the support of all classes of our people and will as soon as they can be made to understand the need of such a central organization in solving the problems which confront us. This department would bring together the scattered instrumentalities for investigation, sanitation, and education, the co-ordinating of which would give to this governmental function an importance and effectiveness that the circumstances demand.

The lack of interest in a matter of such vital import is many times disheartening and exasperating. Physicians are not always blameless of this charge of lethargy. Engrossed in their arduous tasks, they many times lose sight of a greater purpose to which their lives are consecrated.

A wonderful change has taken place in the last quarter of a century to which all former ages so abundantly contributed. Out of the recorded experience and observation of those who had wrought before has been assembled a working hypothesis which is being put to test. Disease is preventable, and prevention is better than cure.

Scientific medicine has laid bare so many mysteries and in numerous instances pointed so positively the path toward the goal of health and race betterment that we are beginning with confidence to reason from cause to effect and to emphasize the pursuit of fundamental principles rather than to rely wholly upon expericism and expediency.

The health and happiness of the individual is largely dependent upon the relation with others over whose conduct he has little control. It is a responsibility which organized society owes to him to provide all the protection consistent with a reasonable liberty and an eye single to the common good in which benefit each is a like participant. Wise legislation is with certainty demonstrating its value in a decreasing death rate and in life prolongation. The immense economic saving of this result is but little understood. The charge upon society due to preventable sickness and death runs into astonishing figures. How inspiring it is to recall that some of the great scourges of the human family are nearly obliterated by preventive means! Leprosy, typhus fever, cholera, the plague, yellow fever, small-pox, malaria, rabies. diphtheria, and typhoid fever are approaching extinction. One after another diseases are being added to this number until the entire field will be ultimately covered. The conquest of tuberculosis is waging and the day is not far distant when such an affliction will be credited to rare accident or reprehensible carelessness.

Men of vast fortunes and schooled to a broad view of world affairs have grasped the key to progress and have made liberal provision for medical research. Others, with the invaluable asset of trained minds and skilled technic, have contributed in fuller measure. Indeed, this spirit of altruism pervades modern civilization. The materials are at hand out of which to construct a smooth working machine for the preservation of health. Within the next decade marked evolvement of sanitary organization may be anticipated. The time is ripe for it.

DISTRICT SUPERVISION OF HEALTH

In the legislatures of several of the states was recently debated the question of the supervision of health of districts by full time officers. Michigan, Ohio, Indiana, and Minnesota failed to consider favorably such a scheme, while New York, Massachusetts, Pennsylvania, Wisconsin, and North Carolina have adopted this form of health organization. Other states have made a poor attempt in this direction.

It is a significant fact that the Governor of New York deemed the matter of enough moment to appoint a commission to investigate and make report to him a plan for the improvement of the sanitary affairs of the state. He then made the findings of this commission the subject of a special message to the Legislature. He begins his message with the emphatic statement of a fundamental principle:

"One of the first duties of the State is to protect the life of its citizens. There is no more important subject of public administration than public health. The State comes very close home to the individual when it saves him from sickness and even from death. This it can do, does do, and should continue to do in a much larger degree."

He further says:

"Efficient public health administration pays. The motto of the New York City Health Department—'Public Health is purchasable. Within natural limitations, any community can determine its own death rate'—should be made the motto of the State.

"The commissioners' report confirms my impression that there are very great opportunities for wise co-operation of local and State agencies in the protection of health and the saving of life. The fourteen thousand deaths per annum from tuberculosis can be greatly reduced in the near future. The people have determined that tuberculosis must be conquered. Last year deaths from pulmonary tuberculosis were eight hundred twenty-one fewer than the year before. In greater New York the people have decreed that the needless sacrifice of

innocent infant life shall cease. The rest of the State should speedily follow this excellent example.

"It is my opinion that one thousand, one hundred twenty-eight deaths per annum from typhoid fever is at least one thousand too many. Diphtheria, measles, whooping-cough—the deaths from all these causes can be greatly diminished. Not alone by controling these infectious diseases, but also by creating increased interest in the subject of public health, the average of physical vigor, efficiency, and productivity can be greatly increased."

Among the recommendations which the Governor then makes is this one:

"That the State outside of New York City be divided into at least twenty sanitary districts with an expert sanitary supervisor in each, devoting full time to health work."

MICHIGAN'S "AMBERSON BILL."

The Michigan State Board of Health prepared and presented to the last Legislature what was known as the "Amberson Bill." This bill provided for division of the State into sanitary districts according to population and prescribed the qualifications, duties, and salary of the supervising health officer, his relation to the community, and to the State Board of Health. Though this measure had the cordial support of the Governor, it was not favorably acted upon by the law making body. It was evident that the public had not come to an understanding of what has been and can be accomplished by prophylaxis through systematic and intelligent direction and control of health. The numerous examples of reduced sickness and death rates have not made a profound impression or been considered personal.

While we have in this state a more efficient health organization than in most of the states, it is far from satisfactory. Local health boards and local health officers, except in the larger cities, do not meet the needs. The boards are often uneducated and inexperienced in health matters and the officers are so poorly compensated as to resolve this duty into a casual service rather than a continuing one inherent with grave responsibility.

The enforcement of sanitary rules and regulations as laid down by an administrative head is a delegated police power. This police duty depends for efficiency upon subjection to higher authority. A loose relationship of the prime factor to its principal cannot be productive of the best results.

BENEFITS THAT WILL ACCRUE

The proposed plan of district supervision would go a long way toward correcting existing defects. It would impose upon a trained officer, devoting all his time and energy to the work, the responsibility for the health affairs of a definite unit. What is now done in the larger cities would be done in the smaller cities and rural communities. Insanitary conditions in any part of the state endanger every other part and are a matter of general, rather than local, interest.

Laboratories for investigation and report, at present maintained at public expense, would then be better able to fulfil their purpose and contribute to the development of sanitary science. Child life would be more carefully guarded and parents would be instructed as to the importance of early taking advantage of modern methods of correcting congenital and acquired errors. By inspection of the school children public attention would be called to these abnormalities and remedy would follow.

This officer should be charged with the following duties: a frequent survey of his district, the direction of the examination of all school children, an inspection of all sources of disease, education of the people in public health matters, the securing of full and complete registration of births, deaths, and communicable diseases, and the enforcement of health laws and regulations. He should at designated times make report to the State Board of Health the conditions in his district. A false economy is the stumbling block in the way of the passage of such a law. The trifling expense per capita would bring such abundant reward that if this saving were made plain it would appeal to all as an economic necessity. The health laws of a majority of the states make provision for a county health officer, but politics, lack of compensation, requirements and discipline renders this service in large part incompetent and ineffective. Full time, adequate salary, and trained men responsible to higher authority are requisite to success.

The health code of North Carolina provides for county supervision of public health by a full time health officer at a living salary, with close relationship to state authority. The Secretary of the State Board of Health in a recent letter says:

"I think this office is coming around rapidly to the view that a county health officer, elected by county officials and responsible to county officials, is not nearly so valuable, from a public health viewpoint, as one appointed by, responsible to, and under the direction of central authority."

The "Amberson Bill" referred to did not provide for especially trained sanitarians as supervisors. In the first place, the change was thought too radical to be accepted, and in the next place, such men are not available. To meet the coming demand in this field the schools are beginning to offer courses fitting students for this specialty. The University of Michigan gives a degree in Sanitary Engineering. While there is a lack of facilities for practical application and observation to impress and perfect instruction, it is expected that some way will be found to make possible

this supplementary training. In this bill the county supervisor, while elected by a county board from a list of eligibles furnished by the State Board of Health, is also an officer of the state and subject to removal by the Governor for cause.

There were reported in the State last year, one thousand two hundred eighty-four deaths from pulmonary tuberculosis, which is probably less than the actual mortality from this cause. That there were five hundred fifty-one deaths from typhoid fever is approximately true. All deaths from zymotic diseases are theoretically a needless sacrifice. The whole world was shocked by the Titanic disaster and rose in a body to voice its condemnation of those whose carelessness might have caused it, yet society sits by calmly and indifferently while a more tragic drama is being enacted in its midst. This apathy is no longer excusable on any ground. Former uncertainty of means has given way to scientific and practical demonstration.

The decreasing death rate in cities where conditions are less favorable than in the rural districts can only be credited to better sanitation. In the cities of eight thousand and over in New York the deaths per 100,000 from all causes fell from 1,771.5 in 1902 to 1,466 in 1912, while in cities of lesser population, villages and rural communities, the rate increased from 1,404.7 to 1,521.1 during the same period.

In Michigan the mortality rate is about the same for the small cities, villages, and rural communities that it is for the large cities. Unquestionably the rate should be less for the more sparsely populated localities. *If it can be, it should be, and must be.* If by proper care and direction this result can be attained and a marked saving of life and of sickness, with all the attendant distress, hardship, and loss, be effected, why do the people hesitate? The cost would not exceed 15 cents per capita. This expense is insignificant when compared with the benefits it will buy.

There is not a county in the state in which the life saving alone should be, by conservative estimate, from two to five per thousand. In a county of 30,000 population this amounts to from sixty to one hundred fifty lives. A fair value of these lives to the community is $1,700.00 each, or an aggregate of from $100,000 to $250,000 per year. This makes no account of the loss incurred through sickness.

CONCLUSIONS

Our plea is for an organization to take advantage of known and established rules of sanitation and by investigation and accumulated experience increase its usefulness.

The educational campaign must go on, and judging the future by the past, it will bear fruit. Let each feel the task his own and all opposition will shrink and fade before a united front.

It may be of interest to learn that the University of Michigan is inaugurating a Health Service for the welfare of the students and for instruction in all matters pertaining to health and a strong, enduring physique. It is expected that this Health Service will be an example of what can be done by protection and guidance.

The cruel execution of the law of evolution can be resisted and it remains for us with our science and our art to say to what degree. Humanitarian motive walks hand in hand with economic incentive and the future is bright with possibilities.

DISCUSSION OF THE PRESIDENT'S ANNUAL ADDRESS

HON. MILO D. CAMPBELL, COLDWATER.

Gentlemen of the Michigan State Medical Association:

I wish I could express to you my profound appreciation of the invitation extended to me to be present on this occasion.

Society and business are segregating the world over. Associations and Conventions are being held every day, calling those of like occupations together, that they may touch elbows, banquet, and consider means to improve themselves financially and socially.

But never before, in all my experience, have I known any body of professional or business men to make their star theme a measure that would surely impoverish their own fields of labor, that blessing might result to the community. To such a spirit of altruism my hat is off in admiration at this hour.

It is said in German legend, that during the spring days each year Charlemagne returns to his fatherland, going up and down the Rhine, scattering sunshine and blessing upon the fields and vineyards that they may produce abundantly of harvest and fruit. Such seems to be your mission, gentlemen, when you seek to lessen unnecessary sickness, death, misery and expense and to sow the fields of Michigan with health and years and happiness.

To what your honored President has said upon existing conditions and upon the necessity for the enforcement of health laws I cannot add a word.

I have, however, a commonplace thought or two that I wish might be more keenly realized.

Never since the call to Adam "Where art thou" has there been a time when social, health and sumptuary laws, did not require a policeman in the garden. We may pass resolutions and legislatures may enact laws upon these subjects until the crack of doom, and unless officers are appointed to enforce them, they will sleep without waking.

The Federal Government enforces its laws, only, through its secret service. The Sherman law lay, as dead, and covered with dust until within a few years past, secret service men have been put into the field to enforce it. Violation of postal laws, counterfeiting, the white slave traffic, pure food, and nearly every other criminal and penal law of the Federal Government would go unenforced if we waited for voluntary complaints to be made by

private citizens. What Commissioner Helme is doing to expose rotton food stuffs and in cleaning up the "Augean Stables" and factories of the state from which our food comes, is a splendid object lesson of what is needed for the enforcement of health laws.

Canada thistles, hog cholera and diphtheria do not play *solitaire*. They are all catching and the neighbors are interested. But John Jones will never prosecute neighbor Smith for communicating thistles to his farm, cholera to his hogs or death by diphtheria to his children. If such wrongs are ever righted, if such evils are ever obliterated from a community, it must be through independent police officers, armed with law and commissioned to perform their duty without fear of local or political recall. (*Applause.*)

There are some underlying principles in the enactment and enforcement of laws, that ought to be almost axiomatic by this time. We are discovering that this is not a land of liberty nor a land of license, except as those terms harmonize with the rights and liberties of our neighbors.

Law, order and cleanliness must ever be the sheet anchor of this nation. The socialists and anarchists from other lands, the man or the mob who would take the law into his or its own hands by violence, the demagogues who preach class hatred and disobedience of law, the man of wealth who would purchase immunity from law, and the common every day law abiding citizen must all be made to feel the touch or the penalties of law, through the executive and police forces of the state.

And right here let me turn aside long enough to pay my compliments to the Governor of the State. Whether the mine owners of the Upper Peninsula are giving the boys who work underground a square deal, I do not know; but this I do believe, that if necessary, every gun should be called from the armories of the state to preserve order and to prevent threatened violence.

By maintaining order, the Governor neither sympathizes with, nor lends aid to the mine owners, nor to wealth. His heart does not cease to beat for the oppressed, he merely performs his sworn duty to save the state from anarchy and disorder, and I want to pay my humble homage to the Governor for his act, and I'm no Democrat either. (*Applause.*)

Again, we have come to know that health laws are neither automatic nor self-starting; they require cranking. The average friendly neighbor who is elected to the health office in our townships, villages and small cities is generally unfit for the job.

He is too good a neighbor, too warm a friend, or too popular, to make a good health officer. It requires too much heroism in a health officer, just for a dollar and a leather medal, to go out and quarantine his neighbor's family, to order his out house cleaned, his premises renovated and his children vaccinated. It ought to be understood by this time that local health officers, do not and will not as a rule in the very nature of things, perform their duty. Neither would you nor I, under like conditions.

If the health laws of this or any other state are ever enforced, it will be through independent, competent paid officers, making it their sole business and with tenure of office independent of politics. (*Applause.*)

It is not pleasant to figure the value of human life by economic standards. But when every student of experience, of conditions, and of statistics, tells us, that if our health laws were enforced, we could save from two to five lives in every thousand of our population each year; when we are told that for an expenditure of $3,000.00 for a county health officer, we could save from one hundred to three hundred thousand dollars each year in human life alone, that we could also eliminate the untold expense and misery of unnecessary sickness, we are not disposed to shy through sentiment alone at the profit and loss side of the measure.

I know that our legislature is cautiously and wisely halting in the face of increasing taxation and multiplying boards. But while this is true, I confidently believe, that if the patriotic people of Michigan knew that the state was to be infested by a band of brigands and that one life would be sacrificed unless they were repelled by force, that with one voice they would drain the treasury of the state, if necessary in the defense of that life.

Today we are told that death and disease, in command of an enemy of untold numbers, hiding in out-houses and back-alleys, traveling upon railroad trains, swarming in schools, churches and public places, everywhere covert and hiding, are each year destroying, not only one life, but two thousand of our population unnecessarily. No, I do not believe the patriotism of Michigan is dead. It merely needs calling from its sleep.

When the waters of the Atlantic and Pacific shall meet, upon the opening of the Panama Canal, the greatest blessing to the world will not be commercial nor one of engineering accomplishment. It will be the undying conquest achieved by man over fever, pestilence and malaria in that infested tropical zone.

The world will never be able to compensate, to repay, nor to sufficiently honor the men who through toil and martyrdom have made it possible to combat successfully the dreaded contagion that sooner or later comes to threaten every home. (*Applause.*)

In Michigan we are spending twenty millions of dollars each year to educate five hundred and fifty thousand boys and girls, that we may protect the state against their ignorance. Upon no other theory have we a right to tax Sam Jones for the education of Bill Smith's boy.

What is wanted now is but ten cents for each thousand dollars of property in the state that we may safeguard three millions of people against unnecessary sickness and death.

We want a small war budget with which to drive the germs of disease and sickness from the state, or else to confine them to their own red light districts. We want to keep pace with sister states and make Michigan what it can be and ought to be, the health resort of the Nation.

The sweetest things of life are not measured by chain nor by bushel basket. The best treasures are health, love and home ones, and when in these days of peace, we have defended them against swarming enemies that lie in ambush to destroy, we have become the state's best patriots in the defense of home and country. (*Continued Applause*)

HON. PERRY F. POWERS, CADILLAC.

Ladies and Gentlemen: I did not expect just this moment to be called upon and so had arranged myself for a few moments' preparation, just the sort a man would need for the ordeal that I think is before me. I am not going to use any cheap compliments; I am not going to refer to the fact as to what this assemblage may include or what it may not include, but I do recognize the fact that any man who has an opportunity to stand for a few moments before an organization of this kind, before that which you represent, must give a good reason for his so doing and acting, because they have in some way been permitted to take such a part. I recognize the fact suggested by the address of Dr. Sawyer that some suggestions have been

made here that may be of value if in the same way suggested and brought along even other lines. As a newspaper man it may be possible for me to render a service outside that I could not render here in the discussion of this subject, and I recognize further that I am related to that, that my community is related to that and that those who form a part of that community, those who may not be able by protest or by appeal to become in any way responsible or initial may offer some suggestion on some line of action and be of assistance to you and assistance to that which you seek to bring about.

I have looked through your program; I have examined it from beginning to end with reference to the questions of why you are here, but I do not find the usual business characteristics; I do not find that any time has been given to the question as to fees and the matters of collection, to ways and means of advancing the business purposes of this organization. Indeed, I believe the only financial suggestion contained in the entire program is the name of a Committee man from Dollar Bay. (Applause.) The suggestion has been made as to why you are here. I think that the reading of that program would properly answer that question. The suggestions while they may be new along this particular line, very many of them particularly, are not new. The entire tendency of our present time along lines industrial, along lines commercial, along lines social, along lines in which we have to do in communities of a people as a whole are just in harmony with the splendid words you have heard in your President's address. There is a movement forward; there is some recognition on the part of the men who stand at the top that in some way he is related in a larger and better way than he has ever recognized before to the man at the bottom. Not only does that physical line run down, but in these later days we have come to recognize the social relation, we have come to recognize and believe that which has been expressed by an ideal, many hundreds of years old now, that we are related. You know how well we are related in our physical way. We have come to recognize now that our enjoyments, our betterment, our development, our fullness of life must come in some way to a recognition of the development and fullness of life on the part of the other fellow.

The suggestion made may not be ideal, I do not think it is, "District Supervision of Public Health." We have that in some of our cities in a small way, and sometimes the very pity of it, sometimes the very weakness of it, sometimes the very lack of it has appealed to us most eloquently as to what such a supervision should be, and we recognize I think better than you now know that such a bill as the Amberson bill, such a recognition on the part of that community to the higher virtues of life, that if we had a man who had the ability, a man who had behind him the official power, a man who had the recognition of the community and the state to do the service suggested in the recognition of the precedent of the bill presented, I do not believe the cost per capita would stand in the way. You must not be discouraged along such lines if at first a bill of that kind was not successful; if our members of the legislature, former members of county boards of supervisors, think the cost of it too great, recognize the question of increase of salary in their county and would not stand for a movement of that kind. The fact of the matter is, my friends that the very presentation of it, the very encouragement it did receive, the very fact that such a bill was presented and gained some approval and will probably in the near future be adopted, should give encouragement

Along your lines as upon the lines of others who are entering public service is the same degree of splendid advancement being made There are no other men, no others who are engaged in any sort of activities that relate to their fellow men that I think have the reason to feel the inspiration and the courage and the gladness that comes from the same sort, the same degree of advancement, no others have that, and I believe that recognition of it is along the lines of thought which the public too are recognizing, and that which was suggested as one of the key notes of the address, "Disease is Preventable," is a most eloquent appeal, and as his statement of that which can be done must be done is one which you know cannot fail of recognition. There is something about a man possessed of truth, there is something about a man who knows what he is talking about, there is something about a man who knows he is proceeding in the right direction which makes that man absolutely invulnerable; it is impossible to stop him; it is impossible to hit that which he is persisting and urging for; and when you know as you do that disease is preventable, when you know as you do that you could go into any community in our state with reference to its drainage, with reference to its sewerage, with reference to its poor district, with reference to the condition of its streets, with reference to the conditions of its homes, with reference to the conditions of its wells, that you could make it possible for many men in that community to continue as they are developing, to add to its happiness, to add to its wealth, to add to its development, to add to all the things that make life worth living; when you know that to be true you can convince others it is true. You need not have the slightest fear but what in the end you can put upon the legislative books of the State of Michigan any legislation which you know should be there, and there need not be the slightest discouragement.

Then, there is another most eloquent appeal, in the decreased death rate, in that which you know to be true along that line, in that which has been accomplished. Sometimes we say sarcastically, or seek to our shame to say that there must be something uncanny about the effort of the doctor; the doctor in our own community who is urging hospital work, who is seeking to decrease the death rate, who is seeking to decrease the number of persons in that community who will be sick, to decrease the number of persons who will need your services, and the number of persons who may be expected to pay you fees. It is not quite along the lines of our commercialism; it is not quite along the lines of our industrial development, it is not quite along the lines of that which we believe to be a common human characteristic, and yet we do know it to be true; we have been taught that lesson, I believe constantly, by the men who come out of our universities with their ideals, by the men who in our communities are the leaders; for this you know, gentlemen, there is no meeting in any community in the State of Michigan, no meeting for the welfare of that community, be it business, moral or social, there is no meeting in any community which seeks to make its own town better, which seeks to secure some advantage of the outside world, which seeks in some way to minister to the well-being of that community, but what if there are two doctors in that community one of them is there. And we have come to recognize the fact, those of us who are observing along that line, that it is absolutely true that the effort of the Michigan State Medical Society, the effort of your organization in every way is to decrease the number of cases from which you might be expected to secure fees. You have listened to the cheap jokelets in that line, that you have

recognized possibly every advantage of your services which you are seeking to render, which is not the reason it deserves. Therein lies the danger of many men becoming enthusiasts and they become discouraged by thinking the community is not seeking to recognize what they do; they think as far as they are concerned their life work has failed, yet you know it to be true that no man in this state has in any line, especially the line of this work, contributed the best he can perform, the service which he knows was his duty to perform, and which others could not perform for him, that has not in that community left a name which will not die, and left work which will continue to labor for the benefit of the community for all years after he is gone. We are prone to have such states of mind. There are such states of mind in our own state with reference to medical matters especially. I recognize that there is an ill feeling, that there could be along the lines of our discussions here, that there could be along the lines which you present a danger of its coming to communities; there could be an ill feeling as to the mind, it might not be well for a man to be continually dwelling upon disease, to continually think of the number of atoms in his body that might at some time destroy him, to continue to reflect upon things in a community which makes for bad living, there could be dwelling along such lines that would make life a sort of burden, make the presence and possibility of all of these diseases somewhat nearer than they are. But I do believe, my friends, that so far as your work is concerned there is inspiration, and there is a feeling too in the state of mind which recognizes what has been done, which recognizes that in our community, which recognizes the truth of what has been stated here this morning, which recognizes that so well stated by the Governor of New York with reference to what had been accomplished in his own city and in his own state, recognition of what has actually been done and what you are actually doing, is necessary and essential; is one desirable quality, so far as publicity is concerned. To our state as a whole, to the several communities which we represent here, no value I believe would be greater than the fact they should know exactly what is being accomplished, and I think I can say in behalf of the newspapers of our state that you physicians who have in your proper ways gone about it have secured the co-operation from the newspapers; have found them willing in every way to co-operate with you so far as the well-doing and well-being of the community could be advanced by your work. We recognize too, so far as that is concerned, so far as some of those matters are concerned that have been suggested here, that the danger that did not exist yesterday may exist tomorrow, and along that line I think the appeal which has been made here that the duties of civilization are increasing in these directions we recognize to be true

We recognize again how the leaders of thought in their community, men who are thoughtful along other lines recognize that even the great advancements we are making bring with them social burdens, bring with them questions to try even the strength of the Republic, the advance in some of these lines which makes living better and higher; and we find we have settled some problems; we have found as far as we are concerned some matters which yesterday cruelly cut us do not exist today, but they do exist, my friends, in some other form, and the thought needed, the characteristics of heart and mind needed with their solution is a great deal stronger than was needed in a solution of that which had to do with yesterday.

I believe in that which was sought to be accomplished by the Amberson bill; I unite with our friend that there should be put in the United States cabinet a member whose purpose and whose duty is to represent those in this nation of ours who are working for health. We would need more than this recognition, that which properly belonged to it. In so doing we would do that which seemed to be sensible and recognize that which we knew to be practical and co-operate as we must do along the line of that which would be recognized in this direction.

You have heard most of you that suggestion of the old woman in London, one who had come from the outlying provinces; who was spending each day, which seemed to be the last of her life, in London appealing for aid for her life and health. From the lower district to the higher she was sent in the thought that where wealth was, where there was great power, that which she knew to be charity would assist her; and the old woman went from doorstep to doorstep pleading that they might help her. They told her that there was no opportunity there for assistance, there were organized charities, they had their ways. They were right about that, possibly, they had no part in her life, no relation to her, and you remember how the story ran on that down in some part of that great section (the old woman who had already been stricken then with the disease that was bringing on her death, died) during the next few days there ran back to the houses to which she had been that which caused her death, a sort of plague, that took out of those homes many that were very near and dear to them. The thought of it is they were related to that old woman in every case where she had called. They may not have been related in other higher ways, but you know the physical relation they bore to her, they did have a responsibility for her, and the deaths which came out of many of those splendid London houses were lessons to them, possibly as it has been to us. However they may have been in their responsibility when it reached the weakest point in the life of the individual which would bring to them loss and death and everything they had, misery and sorrow, they understood the interest they had in that old woman. You know in our great cities there are those who are wide as the world apart socially, there are those who are wide as the world apart financially, there are those who have no common interest save their physical relation, and you men know better than I can possibly tell you how close and direct that physical relation is, how to the highest one there, how to the millionaire there may come that which will take his life or take the life of those dear to him from some disease or some weakness down in the lowest part of that city; and you recognize it to be true that the appeal you can make, and the work you can do, especially along the practical line suggested here, is doing more in behalf of the social millenium, is doing more in behalf of what we call the real love for the weakest in the race of life, that is doing more to bring about social ideals than any other gathering that could be assembled in our state.

I think it is true, as stated by the Governor of New York, that there is no more important question than that of public health. I recognize it to be true that the governor and the legislature could give it thought and could give our state no more true benefit than that which they would practically accomplish in some such matters. My suggestion is to appeal to you not to be discouraged because of the development made along that line.

Do you remember that where it is said in I think Ian McClaren's works, there Sir George said—after he had spent the night in the home of Thomas Mitchell, after he had come to know Dr. McClure, after he had recognized the relation the man bore to others who lived in the Glen, had heard the

story from Mrs. McFadden of his entire life as has been spent by many country physicians in the State of Michigan, men who may lack standing, who form no part in our history—that Sir George turned to him who it is said looked like a gillie, but acted like a hero: "Dr. McClure, I want to shake your hand again, Mon, I am glad to have met you, you are an honor to our profession." And you know, those of you who have read that little book, you recognize the fact as it was well stated by the president, this morning, the medical men in Michigan lead the van of those who are striving for that which are called our higher ideals. We may not attain them, it may not be possible during the years of your life. When all your discussions are ended, when all your experiments are through, when all the appeals have been answered to the greatest extent you can answer them, there will still be that undone for those who live after you to appeal for others, and to remember that which you have sought inspiration for has helped their inspiration; and I am certain, my friends, that one is well justified in saying, "Give us your hand again, you Michigan physician, I am proud to have known you. In that which you are accomplishing, in that which you are aspiring for, in all the work you are doing and seeking to do you are an honor to your profession. (Applause).

JUDGE CLAUDIUS GRANT OF DETROIT.

Mr. Chairman, Gentlemen and Ladies of the Medical Association: My friend, Mr. Powers, has said that no layman has a right to appear here before you unless he can show a reason for it. He has shown a reason for it and so has the next speaker. I have no reason to show. I can have an excuse to show, and that excuse is that I have been invited by your president to come here, so that if when I get through you want to kick anybody for my being here you must kick him, not me, for I am not responsible for being here.

Now, I have been friendly with the Medical Profession. I had two broken arms once, and I did not think that Christian Science could put them together again so I called in a physician. I have had other ailments that I did not think the prayer of Christian Science would heal, so I called in a physician, and I have found in my experience throughout life that the man who calls in a physician for himself or for his family, not when he has got a disease, but beforehand is seeking the wise side

I was in the legislature of 1871. I had intended to look back to that legislature for a little bit of history, but I got off a sick bed to come here and have not been able to do it. At that time a bill was introduced in the legislature of Michigan to regulate the practice of medicine. It was drawn by some of the physicians of the state at that time. I think there was a Medical Association then. The bill was mild, as mild as it could be and be thought to be valuable at all. On the floor of the house in the Committee of the Whole, I made a little speech advocating it, and an old fellow, who was a personal friend of mine, who came from the same corner of the state as my friend, Mr. Campbell, got up and replied, and his speech was that there was an old man out in his section of the country very dangerously ill. Physicians had been trying to cure him for a long time and had given him up. He went to an old woman who was a quack doctor there and dealt in herbs and in a few weeks he was well, therefore, he was against the bill. It is enough to say my speech went into the legislative scrap heap and lies there still; the bill went with it after that speech, but the spirit of that bill remains, and its exponent is here today in the enthusiasm of this meeting. At the next meeting of the legislature I was also a member and we got through a very mild bill, and so it has gone on, and I speak of that, my friends, to show that it may take years and years to accomplish the result, but the result finally must come.

Why, we have "pathys." Our worthy minister in praying referred to medical science. I supposed it was a science; I never supposed it was a "pathy." I supposed the duty of the medical profession was to scientifically ascertain and by experiment you were to cure disease and teach that to other fellows and preach it to those in the community. Instead of that we have osteopathy, hydropathy, "kiro-prac-pathy," "K. & K.-pathy," and "Lydia Pinkham-pathy," and they are deluding fakes, all of them. When in the legislature of 1871 there was endeavored to be attached to an appropriation of $75,000 for the University of Michigan to keep alive its Medical Department and the other departments, it was thought to make it conditional, as had been for two terms previous, upon the appointment of two chairs of "pathy" in the Medical Department of the University of Michigan. I opposed that, and why? Because I said then and say now as I said to the Legislature of Michigan, that we have men as professors in the University of Michigan who have got breadth enough, who are sound enough to teach medicine. I do not care where it is, but anything that calls itself a "pathy" and they would teach it instead of medicine, for God's sake let's kick them out and put in men who can.

So, my friends, your work will not be done until a bill like this is passed which will send you as experts out into the length and breadth and every corner of this land to stop the spread of disease. Why, the rich man, the man of little means, the poor man down in Detroit is interested in what is going on in diseases way up in the northwest corner of the state in Ontonagon County. Prostitutes do not stay in Detroit to ply their vocation always; they go over the world, over the state and over the country to spread the disease; and I want to say to you that if there is any work for physicians to do, for this Board of Health to do, it is in regard to this business. Why, this thing has gone on so until Mr. Gillespie, the Commissioner of Police, published to the world last week that there were 160 of these dens of disease openly carrying on their business of disease in Detroit. Why, whenever you find measles, scarlet fever, small-pox, you label the house, and you prevent them, the people, from going out that are within them and people from the world going in, but yet the people of Michigan permit this disease to exist which is a felony under your law, and I join most heartily in what my friend has said in regard to the enforcement of the health laws like others. You have got to take politics out of it and put it in the hands of men paid well and charged with the duty of enforcing the laws of the state. (Applause)

My friends, I am not prepared to criticise this bill, to examine it minutely. I read it over before I was taken ill, but I wish to say to you that my predecessors upon the stand are speaking the truth, I believe, when they have said that all you have got to do is to keep at work intelligently and you will find the legislature will meet you, and before two or four years have passed you will find that bill or a similar one upon the statute books, and you will find in charge of it experts free from politics, free from local influences who will dare to enforce the law, and if there is anything that we need in this country today it is a *renaissance* of law enforcement, law obedience and respect for it, and

obedience to law and respect for it never will come until you have law enforcement.

As you perceive, gentlemen, I am not much of a speaker. I have been something of a fighter in my life time. If, when you get to the legislature, you want any fighting done by a layman outside your profession, call on me and I will do the best I can. (Applause.)

PROF. W. C. HOAD, ANN ARBOR.

It is a rare opportunity, a rare privilege, as well as a rare pleasure to have an opportunity of endorsing the sentiment expressed in the address of your president. This paper is especially timely just now when our attention is so strongly directed toward a general movement for better sanitary conditions over the state. Your president remarks in one place that public hygiene from being a camp follower in that army of progress has been advanced to a position on the firing line. This is peculiarly an apt figure just now, but it suggests both a warning and perhaps a bit of counsel. On the firing line it is subjected to the closest scrutiny and the severest criticism and it is absolutely necessary for success that advancement be in the right directions, along right lines, and that the whole thing be maintained upon a sound basis.

I should like to illustrate that with reference to one phase of the general problem of public sanitation about which there is a good deal of hoary superstition, and about which there is the widest possible variance of opinion, that is, the general subject of pollution of streams, stream pollution.

The sanitarian who today comes into relation with stream pollution in any way has thrust at him with disheartening frequency the old-time, out-worn formula that running water purifies itself every seven miles—an old rule formulated generations ago when nothing was known of water born diseases, nothing known of bacterial infection, and when the water was able to be pure and wholesome, when it was clear and palatable. On the other hand we meet the statement of the sentimentalist to whom the placing of waste material of any kind into a stream is a little short of a crime, who shuts his ears and his eyes to the real fundamental needs of our civilization, and who wants to maintain all our streams in their primeval condition, whatever that may mean. And between those two extremes you have all gradations. My point is that it requires straight thinking to keep this forward movement on a sound basis, and to keep it going in profitable directions, because there has been a great deal of unprofitable work done under the name of sanitation, and for this I want most urgently to bespeak the best efforts and the best thought and co-operation of the profession represented here; it is one of the chief difficulies, to my mind, of the medical profession that its members stand at all times ready to take their part in public matters, and from training in a scientific way they are able to think straight, and in addition they are able to think in terms of the community as well as in terms of the individual—individual life, and for the keeping of this health movement, this general movement for better health conditions upon a sane and sound and wholesome basis, it is very necessary that men like you should interest themselves in it.

With reference to stream pollution, for instance, the menace is not one that refers to a single community; it is a problem of the drainage area; it is a problem that is more comprehensive than any single community, therefore some form of state supervision is absolutely necessary, state or other supervision, other than the small community.

The expert system of sewerage, what is known as the water current system of sewerage, by which the wastes of a community are carried away by a system of underground pipes by the water supply of a community after it has been used, and taken without the borders of the community quickly and unoffensively is a real triumph of engineering, and it is wonderfully effective in protecting the community itself from the products of its own life but this same efficiency by disposing of dangerous elements through large bodies of water is terribly potent in carrying the danger to other communities for this reason.

So far as stream pollution is concerned no unit of administration smaller than the drainage area is effective; that requires some larger administrative supervision. That is simply an illustration, one illustration of the need for the large administrative control and moreover for the real need of straight and sound thinking in this line, so that the progress will be upon a sound basis and in the most profitable directions.

ADDRESS OF GOVERNOR WOODBRIDGE N. FERRIS.

BEFORE THE GENERAL SESSION OF THE MICHIGAN STATE MEDICAL SOCIETY, FLINT, SEPT. 4-5, 1913.

Mr. President, and Members of the State Medical Society: I was not invited here with the expectation that I could impart any valuable information; I realize that and did not come here for that purpose; nor was I expected to confer information. I was invited here for a better reason than to give you information. I was invited here because of that growing courtesy everywhere that recognizes the importance of a type of fraternalism, that is vital and important—I appreciate that courtesy, I can assure you. I congratulate this body of professional men,—and possibly there are some women, I do not know—on the fact that you are holding such meetings.

We have gotten beyond the Robinson Crusoe stage, or, unfortunate stage of life; Robinson Crusoe could not break very many of the ten commandments if he wanted to. He was cut off from one source of enjoyment in that. (Laughter) But in this age the intelligent man, the progressive man, does not wish to live alone; he does not wish to bank on his own experience.

This morning I had occasion to talk with a young man who had come some distance and who wanted a little advice, but he went away disappointed because I said to him that what he had acquired without having entered the laboratory of the world, or without having had the benefit of the experience of other men must be indeed very small; and it will be necessary for him to live a thousand years before he would be of any special value to anybody, to say nothing about himself. (Laughter) So I am sure he went away disappointed.

I came mighty near becoming a physician myself; I am not sure whether that is fortunate or unfortunate for the world, or for myself. When I was sixteen years of age I said to my father, after having made careful preparation and thinking I had him in a mood where it was safe, I said: "I want to study medicine. I want to accompany my friend doctor, who is now Dr. E. E. Snyder, of Binghamton, New York, to the medical college in Cincinnati." I had no more than gotten that far before he said: "No, you cannot do it." And I did not do it. I had a peculiar father, a man to whom I am very greatly indebted for my existence (laughter). When he said "No," he meant "No."

Shortly after that little interview I began to teach school. I began when I was sixteen. I should not have been permitted to but I did commence, and taught a district school for a year and then attended an academy; then the next winter I taught district school again, and then attended the Oswego Normal Training School, pursuing a classical course for about a year, and from Oswego, New York, I went to the University of Michigan. Before doing that I visited New York City and found that I had not sufficient money to take a course of lectures at the College of Physicians & Surgeons, and came to Michigan, from my own state. I cannot say whether that was creditable or not; I sometimes debate the question a little; but I do not spend very much time on it, it is so far in the distance. I pursued a course of lectures in the medical department of the Michigan University. I am not aware that this personal detail is of very much interest to you, but notwithstanding it is a mighty important factor to me, and is a human element perhaps worth mentioning. I remember when I enrolled I was not asked to offer any credentials; I was asked a half a dozen questions, more or less, and entered upon my work. I mention that in order that some of you younger men may know, if you do not already know, that it was quite a different thing to enter the Michigan University in 1873, from what it is now, or, if you prefer to put it the other way, it is a mighty different thing to enter now, from what it was to enter then. I recall Dr. Dunster, of those days, and Drs. McLean and Palmer, and possibly with a little more careful reading of my notes I might recall others; but those were the men that made a greater impression upon my mind. At that time, as nearly as I can recall, the juniors, as we were called, were not even so much as quizzed. After we had enrolled and attended two or three lectures—if we saw fit—we could go out in Washtenaw County—if we could find a school—and teach school during the winter and return the next year, and by a study of notes that had been prepared by some one who did attend the lectures, with very little work, we could meet the requirements of the faculty, and receive a degree at the end of the second session of lectures. And the second course of lectures was precisely a duplicate of the first (laughter). I might tell something about that that would revive unpleasant memories, but I will not do that—where a professor came in for the nineteenth year with his lecture unchanged, except that the manuscript got yellower—that was all the change. That actually occurred by an author, then a professor, in the University of Michigan, a great man and no question about that.

We look at things somewhat differently nowadays in this great age of progress than we did then, perhaps. I have not dared to make an estimate on the change in the requirements at the Michigan University. I know that I am perfectly safe in saying that the matter presented, or dealt with, by the faculty is anywhere from six to eight times what it was in 1873. I am sure about that. I know that the requirements now are many-fold greater than they were in 1873; and I am also aware of the fact that many of the men who graduated in 1873-4 have become very successful physicians. Many of this body of men here today would not be here if you were not willing to concede this, and willing to acknowledge that the progress educationally in your profession has been phenomenal; and I stand here this afternoon, and speak for myself, in saying that I hope you have not reached the limit yet in regard to the condition of the requirements that are necessary for a man to enter the profession; I trust that you have not reached the limit in the requirements that men must meet in order to graduate in medicine from the University of Michigan, or any other medical institution in the United States; because it is absolutely impossible for any man to know too much in this profession in order to deal with the human body, and in a measure, perhaps, with the human mind. There can be no escape from that. I am glad of these changes that I have seen fit to mention, as I view it, this afternoon, and I welcome all these changes that make for a higher scholarship and a higher efficiency.

Now, in what I have yet to say, and I am only to speak to you a few minutes, because it is wrong for the governor of Michigan, or any other man to come before a body of this kind and consume any considerable amount of time unless he has some specific and definite message—so, I say, I shall be very brief.

I am anxious, however, to always encourage every profession to have some side-lines of interest, or culture. Other things being equal, I prefer to employ in my family a man who knows something more than what he finds in medical books. I like to find in a physician a man of culture; other things being equal, I would sooner employ a physician who occasionally reads Shakespeare, Walter Scott, or Emerson, or Longfellow, or Whittier, or some splendid drama—other things being equal—than to employ a man who knows nothing of those writers. I often think of an old family physician, who is still living, Dr. Vosburg, of Holly Valley, Cuyahoga County, New York, who from my boyhood has been the medical adviser in my father's family, and now in my mother's family. I can recall riding with him again and again because I have had a passion for medicine I cannot explain. I am always glad to accompany a physician when calling upon a patient and always glad to attend a postmortem—if it is not my own. (laughter) I can recall Dr. Vosburg as we were riding along through the valley and over the hills, reciting to me page after page of Shelley. I said: "Doctor, I do not understand how it is that yau are so familiar with Shelley. How does it happen?" "Well," he said, "First, I like Shelley; and that is one of the best reasons in the world. Second, when I come in from a ride I drop down at the table, near the fire place to warm myself and there lies a copy of Shelley, and I pick up the copy and I run over perhaps twelve or fifteen or twenty lines, and then afterwards when I get into my buggy, and get into the country I find nothing more enjoyable than to recall those lines." I said: "From one reading?" "Yes, from one reading." I veritably believe that that man, long past seventy years is so familiar with the work of Shelley that if by any chance all the editions of Shelley should be burned up today, or should be destroyed, Dr. Vosburg could return it to us in manuscript form. I am not recommending to this body of men today Shelley, or any other poet; I simply believe that for your own sanity, for your own welfare, for your own happiness, for our own joy, and for the satisfaction of your patients and your friends' patients that a physician will always find—and also a teacher—that it is absolutely necessary for his own welfare and the welfare of the people about him, to cultivate these cultural interests. So I am hoping and praying that in that side of your life you may find riches and find pleasures.

I never shall forget that while I was at Michigan University boarding myself, I cut down my rations a little in order that I might hear Richard Proctor, the great English astronomer. I know nothing of astronomy, no more than the majority of you know—very little indeed; and yet I was anxious

to hear Richard Proctor. I have always been a hero worshiper; I have always worshiped heroes. So I economized to buy myself a single admission; I was not able to buy a course ticket, and I was obliged to be careful in my selection, and I heard Richard Proctor. What was the result? The result was that I bought every book that Richard Proctor had ever written on the stars, and on the heavens and revelled, as a means of recreation, in the great knowledge that Richard Proctor had given me about the heavens; and now at the age of sixty—and I would like to live a little longer, not that I might carry on my work, primarily—that would be a splendid aim and ambition; but in order that I might know more. It seems too bad that when a man gets to be fifty or sixty years of age and knows that he lives in the most wonderful, wonderful world, and when he is most able to have an interest in it, that he should have to lie down and forsake it forever, and ever and ever. I have a hunger along that line. I am sure that there is some simple response in the heart and mind of every man that is listening to me. Pardon me for that caution, or pardon me for that suggestion, if you want to call it a suggestion. But I want to say to you my brother doctors that there is a feeling of joy and of pleasure there.

I think you all know Dr. Weir Mitchell of Philadelphia and his large hopes; some of you have some of the splendid characteristics, and some of the broad views that he has. I know what you will say, that a man cannot be a specialist; he cannot do this line of professional work without devoting all his time to it. I am going to say that he cannot work his special line without diversion in the other lines. I am going to take the opposite position, and I believe that I am right.

I am also praying and hoping that in Michigan, and in every state in the Union—I go further—that in every large city in the United States, sooner or later there may be an organization of physicians that shall be essentially what the New York Academy of Medicine is in the City of New York. What a wonderful work that association of men is doing for the public!

We have a work, every last one of us, beyond that which can be definitely called a profession. This is a new age, an age of solidarity in which we have to pull together, in which we have to work together. "No," somebody says, "I dissent, I am an individualist." But you cannot be an individualist and devote the genius that is in you without recognizing yourselves the solidarity of your work to your fellow-men. Therefore, I am particularly interested in the work they have done, or that has been done under their direction, directly or indirectly, or in combination with the school boards. The school board of New York City, I think, under the direction of this magnificent body of men, directed that a medical inspection in the schools be conducted, or a medical examination, which was done; and 230,243 children were examined. Seventy-two and one-half per cent of these 230,243 children needed treatment. Now, some one says: "We are interested when we are called; it is no concern of ours, in the broad sense, as much as the speaker has indicated." But that will not be maintained in this convention I am sure.

Out of the number, thirty-nine per cent of the number that needed treatment had defective teeth. We have gone away beyond that point. You are not dentists, I understand. But we have gone away beyond the age of my father. He never dreamed that a dentist had anything to do but to make false teeth, and to pull teeth. Conesquently, the children of my father's family had to part with many and many a treasure, and he used a hook that he had gotten from the shoemaker in order that he might extract the tooth; then when one of us did have another tooth to be attended to we called upon the ordinary physician who had an instrument that ought to be on exhibition as an evidence of progress in a body like this. (laughter) How grateful, how much more grateful I would be to my father today if he had only known; but I do not blame him, I do not blame him. He did the best he knew. Times have changed since then, and now we have moral courage, and teachers to say that beyond any question, outside of the moral, every boy, every girl, every man and every woman should have his teeth examined by one who is an expert, and who knows how to help him, and preserve those treasures that have so much to do with his stomach, so much to do with his general health, and not a little to do with his mental growth, and his mental equilibrium. In 1910, on examination of over half a million children—674,667 by actual count—they found that forty-three per cent. of this half million had communicable eye and skin diseases. I said communicable eye and skin diseases. I will not stop to enumerate those diseases. I might pronounce some of the words wrong; but it is satisfaction for me to make that general declaration.

So the field of the physician widens and widens and widens. If I had my way about it—I do not expect to have it, I will be long dead before anything of that kind comes about—I should make it possible to engage a physician for so much a year to keep the family well, and then when sickness does occur his pay should stop. (laughter and applause). In that way I feel that possibly we might make some progress. I am thoroughly enthusiastic in the matter of prophylaxis; but one of the great problems is, how can this knowledge that the medical profession is scattering, and is giving to us, how can it be made impressive and practical? A few years ago we were enthusiastic in our schools over the matter of teaching the effects of intoxicants upon the human system. Today we are doing something along that line. I wish one of my friends, an old class-mate, was in the audience, and I believe I would take a whack at him in this matter of teaching temperance in our schools. Now, do not misunderstand. I am most emphatically in favor of teaching temperance, of teaching virtue, of teaching everything that will lift humanity and will benefit humanity. No one can be more enthusiastic in that than I am; but the result is disappointing. I said to one author: "What possible bearing can that page in your physiology on teaching temperance have upon the growing boy?" It was a picture of a coffee pot; at the mouth of the coffee pot was being held a saucer. In the text it said that this coffee pot was half full of water; that it was being heated, that it vaporized and the vapor passes off at the mouth, struck the cold or cool saucer and was there collected in drops of water again. In like manner it said if you had put hard cider into the coffee pot and exposed it to heat, the alcohol vaporizing at a lower temperature than water the alcohol would pass off first and have been collected in the same way on the hot saucer. And it was in that way that liquor is distilled. What under Heaven could be the relation between that process of distillation and the inclination of a boy to walk up to a bar and order a cocktail? (Laughter). Absolutely no relation whatever. So that these books missed it, in their attempt to teach temperance. I remember of hearing of an old woman in this country, in Martha's Vineyard, passing around to an audience upon which she wished to impress the dreadful

effects of alcohol, the half of an apple which had decayed; later on she passed them half of another apple that was sound, and wanted them—wondered if any one would partake of it, and she went on to argue that distillation was a decaying process, and therefore, the boys and girls, knowing that, of course would not ever engage in the use of spirituous liquors—absolutely no relation between the enlightenment, the teaching, and conduct. So today it is one of the difficult problems, and I wish you doctors here would tell us teachers and tell ordinary men and ordinary women how under Heaven you can get men and women to practice what they know. You don't (laughter) you don't try to do it, and you do not intend to do it when you go away from here.

Now, my friends, that is no small problem—and you will pardon me for running over into another realm—it is one of the great problems of the twentieth century. How can you get men and women to behave with reference to their best physical welfare, their own best social welfare, and their own best welfare as men and women? You have been doing what I have been doing, in a measure; you have been believing that if men knew what was right they would do what was right. That is absolutely false. Men will not do what is right because they know what is right. I would not be fooling away my time with eight or ten bankers in Michigan who are now in State prison, if those men had made any attempt to follow the philosophy they knew; men fall by the wayside every day, and do things that horrify us and startle us, because they have their instincts, their cravings, and their desires which are the dynamic force of every man and every woman, and they receive, in this country, up to the present hour, little or no specific training; and therefore, whether the boy drinks or does not drink, whether he does this thing which is physically wrong, or that thing which is physically wrong, is largely a matter of training, and not a matter of expression. When, when, may this dawn upon us? How can you physicians, how can we teachers, how can the preachers work something of a revival in men and women, something of an inspiration whereby their knowledge shall avail them something? The men who have charge of certain specialty institutions where the fine mechanism of the human mind—we are not personal in these remarks—where the fine mechanism of the human mind is at stake, they themselves ignore the very thing that they are trying to carry out in their practice. When, I say, shall we be able to make a new start educationally? When, shall we be able to make a new start in building men and in building women? I find that the majority of the boys and girls I deal with know and notice more of health than they practice. So, my friends, sometimes when you have a little leisure tell us how we can get this response; how we can get these legitimate cravings and legitimate desires, rather than those which pervert and corrupt. Do not misunderstand me. I believe that in the majority of men, even the worst, and in the majority of women, even the worst, there is much that is good. I have no inclination to pay too much attention to the misuse of a God-given function in the here and there man, and the here and there woman.

But notwithstanding, we have this problem that I have tried to present to you. There is not simply in the man one Dr. Jekyll and one Mr. Hyde, there are dozens of them, and you and I know that it is so. (laughter). I wish in the home, I wish it were possible for the physician—I mean the ordinary practitioner—I wish it were possible and practical for him to know that family, as a family. I hope it is coming to be the custom and the habit all over the country—I know nothing about it, I have not asked a single practitioner—I hope it is coming to be the habit, that the family shall continue, as long as it certainly receives the splendid services of one man, of calling for only one physician, so that he may become acquainted with that family, so that he may guard that family physically, mentally and morally.

How many, many cases of educational evil could be avoided if the physician who knows of the certain ailment of the throat, adenoid growth, of the certain defects of the eyes and ears, and of the other senses, more than he could educationally get a hint of, might be of service? I practice what I preach, and what I am now talking. Fortunately or unfortunately for me, my family physician is present here today; and you can find out from him. For instance, in my own case I recall a medical examination for a life insurance, in which a physican from out of town saw the victim (that is myself) passing the office where he was sitting, and he remarked: "Is that your candidate?" Some one replied that it was. "Well," he said, "he won't pass." He did not know the victim; he did not know the characteristic pulse of the man with whom he was speaking. I do not know how it happened to be so remarkably slow as it is, but that is the way it happened. The other side of the house is a mighty sight faster, in more ways than one. (laughter). These peculiarities, the physician who is regularly employed, finally knows; and I believe that his function is not fulfilled except when he is overcoming or helping the patient not to overcome, put it any way you please, some ailment within his particular knowledge. We as social creatures should love one another and serve one another. And that is why I love to read those tales that have been written concerning the physician. They are to me encouraging.

I had not been elected governor very long before a certain class of men began to come to me, knowing my sympathy, and knowing my love for the practice of medicine. I might add right here that I am reading today with as much joy and as much satisfaction the numbers of the medical journals as any of you are reading. I have in my library probably as representative books on nerves and mental and nervous diseases as any one of you, except experts. No credit to me, I simply enjoy the study, it is the pleasure that I get out of it. Once in a while I help some unfortunate man out by having sense enough to ask some physician, through my reading to give him a little assistance, or to give a man or a boy, or a woman some little guidance. So that I am certain today that if I were twenty years younger—I am sixty—if I were twenty years younger I would abandon the work absolutely I am now doing—outside of that of being governor. Perhaps it would be well enough for a matter of history that it should be recorded that you had a Democratic governor for two years, at this particular time. (laughter and applause). You must pay proper respect to history. (laughter). But outside of that I would go into experimental medicine for the love of it. But the problems that you men have to solve, how wonderful they are! (Applause). There is absolutely no parallel to it. I even put your profession before that of the preacher, valuable as he may be; I put it before that of the teacher.

I am not here this afternoon to recite some of the diseases that baffle you, and have baffled you and the medical profession all the way down the ages. They are going to be overcome; we are going to know—I beg your pardon, I won't say that, going to be overcome directly—I do not mean that you

will find some cure, but you will find that which is equivalent to it; we must stop producing the specimens that have the diseases. That is at least an entertainable belief. (Applause).

I started to say that men began to ask me: "Do you think the medical laws of Michigan will need to be changed?" "Well," I said, "I hope to God they will." I said, "What are you doing in here?" (This one in particular) He says, "I am a chiropractor." (If there is a chiropractor here you have my profoundest sympathy.) I have not anything against any of these miscellaneous, heterogeneous mob that is praying upon human society (applause). They do not know any better and therefore we should be charitable. I said to him: "You used to be a student in the Ferris Institute?" "Yes," he replied. I said to him: "You are not a high school graduate?" "No sir," he said, I continued: "You did not stay long enough to get your credit, to enter a first class medical college?" "No" he said. "Now," I said: "You have taken the course of six months—" (that is, I don't know whether I said six months or nine months, it doesn't matter very much, not very much, six months or nine months,) "And now you are around practicing your profession as you call it." I said: "My friend, I shall deem it a privilege to have the opportunity to eliminate the possibility of men like yourself preying upon the community." (Applause). Too much credit should not be given to me for having made some success along that line. I want to say to you medical men that I think you do still need more courage. It is not a matter of protecting yourselves individually; that is not the primary reason that I plead with you this afternoon. I do not care so much about your income, that is not a matter for me to work out, nor to concern myself about. I presume that when necessity requires you will raise your fees. I do not know. I do not care if you can deliver the goods. That last part is very important. (laughter). It does not matter to me what I pay, *but what do I get?* That is the important thing. Now, then, for the good of the community, for the good of the people generally your ways ought to be different; I believe and we all believe that you should fight early and late to eliminate every specimen that roams the country or directly or indirectly preys upon the ignorance and the superstition of the people of the State of Michigan. (Applause.)

Now, you did something through the last legislature—I say do not give me very much credit; I did all I could. I found little or no opposition in the legislature; the legislature deserves very great credit, and your hearty thanks, because it dawned on the legislature as well as on the governor that about the only way to turn over a new leaf in Michigan and do something was to work together—the very principle that I have emphasized and hammered upon this afternoon, the "together principle." With it, and of course the co-operation of the governor, you got what good things you did through the legislature.

But do not let your work suffer. To my mind it is appalling, appalling, when I stop to read the character of the letters that are sent to me by people, who under ordinary and favorable circumstances have a little intelligence. But in this matter, I am playing the physician, in this matter of encouraging medical progress; in this matter of encouraging men to manifest the highest possible skill. Some of these men seem to be absolutely stupid; I do not know of any other phrase to use. But you know all about that.

So that my last word to you in this matter is that under all circumstances, regardless of the things that may be hurled at you, out of what you owe to your fellow-men, what you owe to the great commonwealth of Michigan, *please keep raising the standard;* and if needs be, even in your own ranks. Sometimes that sort of thing is not altogether criminal for there are men that back-slide. There are those that perhaps have gone as far as the hobo did when he was asked by the good woman how his knees came to be out, and he said: "That was from the fact that he prayed so frequently." After she had fed him, she happened to walk around him, and seeing him depart she noticed that there were holes elsewhere in his garments, and she spoke to him and said: "How did you get those?" He said, "I got those back-sliding." (laughter).

So my friends and brethren, I am glad to have had this opportunity to meet you, not to give you any information; but possibly with a little bit of inspiration or encouragement I have touched some man who is soft on the same side that I am, who has some of my tendencies and he will guide you a little bit further, and offer perhaps a little bit more encouragement. I hope to God I have not discouraged anybody. I want to tell you that it will always be a privilege in this world, and in the next world, for me to confer with you, although in the next world we may be in a place where we shall not have any occasion to talk about remedies for anything. (Laughter, applause and cheers.)

PUBLIC HEALTH*

C. J. LARSON, M. D.

NEGAUNEE, MICHIGAN

Public Health may be defined as the administration of all laws and the enforcement of all methods that prevent disease, with especial reference to the prevention of communicable diseases, and the protection of citizens against disease in public places.

I have nothing new to tell you men who are physicians; my aim is to bring your minds to bear on this subject and to promote a discussion of the various phases of public health work. In all our public health work it is not so much work of imparting information as it is a matter of reminding people of things they already know. Everyone knows that some diseases are contagious, that bad ventilation and lack of cleanliness is not conducive to health, still they do not avail themselves of the knowledge they have—we have to hammer them with laws and ordinances and drive them to do certain things.

With the community as well as with the individual health is the very greatest asset. With health, all things are possible—without it, most things are impossible. Is it not strange that as a community as well as individuals we do not put a greater premium on health and everything pertaining to it. "All that a man hath he will give for his life," and yet see how so many unthinkingly throw away their lives.

It is a painful reflection, and nevertheless

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true, that most of the suffering and death and misery in the world is unnecessary. Every death from typhoid fever and tuberculosis is a needless and shameful sacrifice of human life. The same may be said of the venereal diseases and the gastro-intestinal diseases of infants. I cannot quote you exact figures, but the calculation has been made that if one-third of the money and effort used in treating and caring for all this needless sickness, and in burying the dead, to say nothing of the industrial loss to society from the incapacitating of these victims—if one-third of all this expense and effort were expended in strict prevention, in one or two generations we would have typhoid fever and tuberculosis placed in the same list as small-pox, plague and leprosy. "An impractical dream" no doubt some will say, but I think that in time the dream will come true.

Death is a natural and necessary process—it is as natural to die as it is to be born. It would not be desirable to live always, and so dying in old age has come to be looked upon as a welcome occurrence, as well as an inevitable one. It is nature's way of putting the worn out mechanism out of the way to make place for the new generation. But what a small percentage attain old age and die naturally! Thirty-three years represents the average human life. Still most of these untimely deaths are caused by preventable diseases and preventable accidents. And it is these deaths of young and middle aged persons that constitute the tragedies of existence. Coming at such times and in such instances, death is the "grim destroyer" we all fear and try to avoid, And while the mission of our profession has been and is to treat disease, the future will lead us along new paths and into new ways, where the aim and efforts of our lives will be prevention.

Just why we should have sickness to contend with, *why* there should be certain organisms and influences that upset normal conditions and destroy life, is hard to fathom. We know that if no evil influences are brought to bear, the human organism, as well as others, goes through its cycle of existence uneventfully. There is no doubt about it, though sometimes we cannot find the real cause. We ought to be born healthy, grow and develop into strong men and women, perform our life work to the best possible attainment, grow old gracefully, and die full of years and honor. Instead of that, witness the hundreds of thousands of infants dying of intestinal diseases, brought on by bad milk and improper feeding, the countless hosts of young and middle aged dying of tuberculosis and typhoid fever, and numberless persons past middle life dying of arteriosclerosis and kindred conditions.

No one can deny the truth of these assertions. It is in the method of attaining better conditions that we may differ. I think it is by proper and efficient legislation that we can accomplish better things. As I expressed myself a while ago, it is not so much a matter of educating the public, as it is driving them to do certain things. They know as a rule what is right and what is wrong, but nine out of ten will do the right thing only when compelled to, or when fearing punishment—in the shape of a fine or imprisonment. Our public health laws are in many ways very efficient. Many of these laws have been framed and passed by lay persons incompetent to produce proper laws. Very often lobbyists and grafters with personal aims influence for the bad such legislation. Who is best fitted to make such laws if not members of the medical profession? Public Health legislation should be more freely and more often discussed at our medical societies, and I think cities, counties and states should leave the drafting of health laws to the respective medical societies, and there ought to be one physician at least on every city council and county board and a liberal sprinkling of them in our state and national legislatures.

My experience as a health officer has been very limited as compared with some of you men. But I have had abundant opportunity to see the failings of our public health work. In the City of Negaunee, the lack of proper laws has been responsible for many of the shortcomings.

Another striking thing is the utter disregard of the average citizen for all matters relating to public health. About the only time he betrays any interest, is when he comes to the health officer to complain of his neighbor's garbage pile, or when there is a dead dog or cat in his alley. And the garbage pile of this citizen often receives no consideration except when the wind blows the other way, then the other citizen makes a complaint. The health officer is usually the least paid member of the municipal government, usually receiving about one third as much pay as the pound master. That means the city pays three times as much salary to the man who keeps the cows off the street, as it pays to the man who looks after the health of the community. At that I presume some health officers are not worth as much as they get. But the average health officer gives most of his time and talents, and is satisfied to work for next to no pay, as long as he can secure co-operation on the part of the other city officials and the public.

Another great handicap is the lack of uniformity of health laws. I think our health laws, as well as the examination and registration of physicians, should be taken care of by the federal government and then you would

find uniform laws and not as at present—different laws in different states, different counties and different cities. What is prohibited in one town or state is permitted in another. Of course there are local conditions that call for special handling and in such instances local legislation is all right.

There are two diseases that I think call for more drastic legislation. I mean tuberculosis and venereal diseases. A man with small-pox or leprosy is hurried off to some shack in the woods; there he is watched like a wild animal in its hole—while a person with tuberculosis or syphilis is permitted to go where he pleases and do what he chooses. Is there any reason why these persons should not be as carefully seggregated as cases of small-pox? But advise will not make these persons change their ways, they have to be compelled by law to do differently. And until we have stringent laws on the subject, we will make but little head-way in our work of prevention.

SOME DIAGNOSTIC POINTS IN DISEASES OF THE EYE AND NOSE, OF INTEREST TO THE GENERAL PRACTITIONER*.

C. R. ELWOOD, M. D.

MENOMINEE, MICH.

When asked, by your Secretary, to present a paper at this meeting it occurred to the writer that a brief consideration of the diagnosis of some of the commoner ocular and nasal diseases might be of interest, although such a discussion must of necessity be very superficial.

It has been my misfortune to have a patient consult me for the removal of cataracts who was hopelessly blind from chronic glaucoma. The anguish of this individual—who had been waiting patiently for her cataracts to ripen, believing that when this time came their extraction could be accomplished with restoration of vision—can be appreciated, when told that she had no cataracts, but was hopelessly blind from atrophy of the optic nerve.

DIFFERENTIAL DIAGNOSIS OF GLAUCOMA AND CATARACTS

The differentiation of these two conditions is not always easy; briefly considered, the important diagnostic points are as follows:

In chronic glaucoma intraocular tension is appreciably increased, whereas in cataract it is normal. This symptom may be elicited by having the patient look down, place the index finger of each hand upon the upper portion of the eyeball and gently palpate as one would to detect fluctuation of a tumor. It is wise then to compare this tension with that of the examiner's eye, which is assumed to be normal. Various tonometers are on the market, which are simply refinements, but the trained finger tips do very well.

In chronic glaucoma there is usually some history of pain, of a rather characteristic type, each attack being followed by impairment of vision, although this is not necessarily so as the disease may sometimes proceed to complete blindness, with no more definite symptoms than the progressive failure of vision (especially for near work), gradually increased intraocular tension, a contracted visual field, and a dilated and relatively inactive pupil.

In cataract there is no pain, the vision is progressively impaired and the lenticular changes may be recognized early by oblique illumination and a dilated pupil. The pupils in cataract are not dilated and quite as active as could be expected with the amount of vision present.

The presence of colored halos around lights is not so pronounced in chronic as in acute glaucoma, although this symptom is present to a limited degree, whereas in cataract there is no halo.

IRITIS AND GLAUCOMA

More distressing in its result because the conditions are met with more frequently, and because the damage done can not be repaired, is the confusion of acute glaucoma with acute iritis. In the latter conditon atropine is the one essential remedy, for we must dilate the pupil and keep it dilated if benefit is to be derived. The drug must be used promptly, before *synechae* have formed between the pupillary margin and the lens. In acute glaucoma atropine of all remedies should not be used. It aggravates the condition with which we have to contend and the patient would be far better with no treatment at all.

The differential diagnosis between these two conditions is, therefore, of such vital importance that I wish to go somewhat into detail. In acute glaucoma there may be paroxysms of very severe pain, of a throbbing character, after which there is a very appreciable impairment of vision. The cornea will often have a steamy look and is anaesthetic. The pupil is dilated, the iris but little discolored, and the anterior chamber often appreciably shallow. Vision is impaired and accommodation very imperfect. Should the visual field be taken it will be found contracted and the optic disc is cupped. Intraocular tension is increased. In both diseases there is some congestion, but less in glaucoma, in which disease the vessels stand out more prominently, whereas in iritis there

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is often a very deep ciliary injection, giving a somewhat purplish color to the ciliary region.

In iritis also there is pain, often worse at night, but more of a shooting, lancinating character, not accompanied by so great visual impairment. The cornea is not steamy, not anaesthetic—but on the contrary is sensitive—the pupil is contracted instead of dilated, is sluggish, and the iris has a greenish muddy discoloration. The pupillary margin is more or less adherent to the lens. Tension may or may not be reduced, but, unless complicating glaucoma, is never increased.

It is the patient over forty-five who is more liable to develop glaucoma and with whom atropine must be used with caution; but this caution must not deter the physician from using a mydriatic when necessary, as failure to dilate the pupil when indicated, may be as disastrous as to do so when contra-indicated.

It is important to dilate the pupil in every severely inflamed eye which does not react to light *if the symptoms of glaucoma are absent,* although it is sometimes a safer plan with the middle aged, after assuring oneself that no *synechae* are present, to immediately counteract the effect of the mydriatic with a myotic.

HEADACHES

The influence of eye strain in the causation of headache is so well understood by the progressive general practitioner that its consideration here is unnecessary, although it may be of value to call attention to the fact that all eye strain headaches are not necessarily due to refractive error. The individual eye may be perfectly refracted and still eye strain persist—due to insufficiency or imbalance of the ocular muscles, or imperfect stereoscopic vision. This defect may be corrected by stereoscopic exercises, exercise prisms, or, in exceptional cases, a slight surgical procedure. The treatment of these conditions constitutes the most scientific and exacting part of the fitting of glasses and demonstrates the folly of delegating this part of the practice of ophthalmology to "Doctors of Optometry" or kindred tradesmen. The importance, however, of the routine nasal examination of all patients suffering from intractable headache, has only recently been appreciated, and the treatment of conditions thus found has yielded most gratifying results. Many cases in which the symptoms were formerly attributed to eye-strain alone, but not wholly relieved by glasses, are now cured by the discovery and correction of the existing intranasal pathology.

That the lachrymal sac and duct act as channels of infection from the nose to the conjunctival sac in many forms of ocular inflammation has long been accepted, but the intimate physiologic and pathologic relationship of the anterior cells of the ethmoid labyrinth, the maxillary antrum, and the frontal sinus to the eye and diseases usually attributed to the eye, has only recently been sufficiently emphasized.

I have recently had under observation an interesting case which demonstrates the importance of the routine nasal examination of all patients with obstinate eye symptoms. For many years the patient caught cold easily and with the cold came severe headaches. About three years ago she had very severe pain in the eye with visual impairment, but no symptoms referable to the nose. The oculist consulted made a diagnosis of glaucoma and advised the patient to go at once to the hospital for treatment. Fortunately, an iridectomy was not done, but under antiphlogystic treatment the symptoms subsided to such an extent that the patient was able to return to her home, although the trouble did not disappear entirely and she was unable to use the eyes for any length of time. Last fall there was a recurrence of her trouble, when pus was seen coming from behind the middle turbinate, and further investigation revealed a chronic suppurating frontal sinusitis with extension of the disease to the ethmoid cells. Drainage of these cells, radical enlargement of the fronto-nasal duct after the method of Goode and frequent irrigation have relieved the symptoms, and saved the patient the disfigurement of an external operation.

Two excellent men—one a recognized authority—attributed the symptoms to the eye and the real cause might not have been recognized had it not been that the frontal sinus was discharging slightly at the time of my examination.

While this is a rather unusually forceful demonstration, it is a common experience of all in this line of work to find cases of persistent headache supposedly due to eye strain which are relieved by the correction of some intranasal obstruction interfering with proper nasal respiration or drainage.

More difficult of diagnosis are the headaches due to a non-suppurative sinusitis. A septal spur or deflected septum may exert such pressure on the middle turbinated body as to close the *hiatus semilunaris.* This will block the drainage of the frontal and etmoidal sinuses, producing an inflammation of these structures, the same as closure of the eustachian tube will produce an otitis media.

There are some symptoms which should cause one to suspect the nose rather than the eyes as the etiologic factor in headache, but there are so many in common that both structures should be carefully examined in obstinate cases.

The victim of nasal headaches is often an individual who catches cold easily as a result

of the defective areation and drainage of the obstructed nasal attic, and his headaches are often unilateral.

The location of the pain will often assist in locating the exact sinus involved: if frontal or supraorbital or there is supraorbital neuralgia. the frontal sinus is to be carefully investigated. If the pain is more particularly located at the root of the nose—between the eyes—suspect the ethmoids, although a chronic ethmoiditis may produce frontal headache. Temporal or occipital headache is suggestive of inflammation of the sphenoid. These symptoms are often aggravated by stooping, jarring, or riding on a train.

A chronic sinuitis may be responsible for the blurring of type, eye tire and all the asthenopic symptoms formerly attributed to eye strain alone, and it is for this reason that I wish to emphasize the importance of giving more attention to the nose in these conditions.

SYMPATHETIC OPHTHALMIA

Permit me to conclude this very general talk by reciting a distressing experience of seeing two patients blinded in one year from sympathetic ophthalmia, a catastrophy absolutely unnecessary and inexcusable.

CASE 1. A ten year old boy was cut across the cornea from limbus to limbus but the ciliary region was not involved. When first seen by me the iris was incarcerated in the wound and vision was gone. Because of the ignorance and indifference of the parents I urged removal of the blind eye, which was refused. When he returned two weeks later symptoms of sympathetic irritation appeared, but my advice to enucleate was again declined. I did not see him again for two or three weeks, when sympathetic inflammation was well established and only a possibility of benefit remained. To give the poor child the benefit of his only chance to preserve some vision I jeopardized my own interest by enucleating the exciting eye. The sympathizing eye went on from bad to worse—as was to be expected—and I have the credit of having blinded the boy, but no other compensation.

CASE II. A farmer thawed dynamite and as a result there was a perforating injury of the eye with incarceration of iris and traumatic cataract. He was seen by me in consultation where the accident occurred as it was impossible to move him because of other injuries. The wound was cleared of iris and appropriate treatment instituted. The uninjured eye was normal in every respect. The danger of sympathetic inflammation of the good eye was fully explained to the patient and he was given a test type with explicit instructions to report immediately if vision failed in the least, if the good eye tired or any other symptoms of sympathetic disturbance, which were fully discussed with him, developed. He was lead into the hospital some six months later, hopelessly blind, giving sickness in his family his excuse for the fatal delay in beginning treatment.

It is far pleasanter to report surgical and medical triumphs than such disasters as have been mentioned, and a perusal of medical literature would lead one to suppose that the loss of a second eye after injury to the other was a possibility, but little more.

After my own experience I wish to emphasize that it is a *real* danger, which develops so gradually it may almost pass unnoticed until irreparable damage is done unless the utmost care is taken.

Any eye containing a foreign body which cannot be removed, with extensive incarceration of the iris, or with a penetrating injury of the ciliary body, is a very dangerous organ to be permitted to remain only under most favorable conditions for constant observation.

PLEURISY AS CONSIDERED BY THE GENERAL PRACTITIONER*

W. S. PICOTTE, M. D.
ISHPEMING, MICH.

When I chose Pleurisy as a subject I did not pretend to write anything new on this disease but having been impressed by its prevalence in this community I simply wished to recall to the mind of the general practitioner the care he must exercise in meeting it. Owing to its insidious nature in many cases, it is often overlooked in the early stages. This, aside from delaying action toward appropriate treatment and therefore endangering the life of the patient, often places the physician in a responsible and perplexing situation.

AUTHOR'S EXPERIENCE

I consider it of very frequent occurrence since I have been able to collect during the last eight years of my practice, over sixty cases. Of this number the majority were of serous or serofibrinous nature with effusion amounting in quantity from one ounce to three quarts. Six were purulent, eight were caused by passive congestion due to organic disease of the heart, kidneys or liver; the remainder were of the so-called plastic type. The ages of the patients ranged from two to sixty-seven years.

The classification generally understood in describing pleurisy places it as acute or chronic with or without effusion.

ETIOLOGY

In studying the etiology of this affection we must admit the microbic factor in a great majority of cases. Tuberculosis I observed to be the leading element by far and then pneumonia, whooping cough, measles, typhoid, and scarlet fever. In a certain percentage, however, there seems to be reason for doubt as to the microbic nature. In this latter category would be those

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cases developing suddenly in perfectly healthy subjects following prolonged exposure to cold and wet; also, such cases as develop effusion during the course of chronic nephritis, organic disease of the heart or liver.

MORBID ANATOMY

The morbid anatomy pertains mainly to the nature of the effusion. In tubercular cases where no mixed infection exists this is usually serous and amber in color. To find the tubercular bacilli in this is rare as they seem to act as an irritating cause in a small focus without penetrating the pleural wall. Where pleurisy develops during the course of an infectious disease the effusion in the early stage is found to be serous but soon becomes seropurulent, assuming a grayish color with shreds or floculli of organized fibrine, and later it becomes purulent. The pleura itself thickens to a degree corresponding to the time, severity and progress of the inflammation. In one case of streptococcic empyema I found it more than an inch thick.

SYMPTOMATOLOGY

In many instances the disease is insidious and develops without giving rise to any appreciable *malaise* and the chest fills with fluid, causing after a time pressure symptoms affecting the respiration. This is particularly common in children. Prodroms, such as severe local pain in the side, chill, temperature, cough with slight or no expectoration, dyespnoea, etc., exist in the general run of cases. Pain is usually very severe, due to the respiratory friction of the opposing pleural surfaces. In dry pleurisy the pain lasts longer than it does where the effusion occurs, as the latter separates the opposing surfaces. While it is usually felt over the inflamed area, still patients often complain of it in the lower part of the abdomen or down the leg of the affected side. There is always temperature present, but this is very irregular and during the first week often drops below normal or again it may oscillate from normal to 102° F. or even to 103° F. in serous cases. Where pus exists the hectic curb shows up and the pulse corresponds. Dyespnoea is misleading for I have seen cases with one side of the pleura completely filled without producing any feeling of distress. In such cases palpation reveals complete immobility of the chest wall due to distention of the pleura; displacement of the heart and even bulging of the chest. The absence of vocal fremitus in adults is easily observed.

Careful percussion is a serviceable method in ascertaining the condition of the patient in pleurisy. In the initial period or the first few days percussion sounds are absent, but as the inflammatory process advances, dullness is readily heard and with the pouring out of fluid this dullness passes to the state of absolute flatness. By percussion it is possible from day to day to follow the line of ascension of the fluid and by changing the position of the patient you can often follow the displacement of it. Early in the disease friction sounds are present but disappear with the effusion. In extensive effusion of the left pleura I have observed displacement of the heart to the extreme right and in one case of a seven year old boy it took over three weeks, after tapping, for this organ to return to its normal position. This may have been caused by co-existing pericarditis.

DIAGNOSIS

The diagnosis of pleurisy, as a general rule, is not difficult, but to ascertain the exact nature and extent of it is a more complex proposition. With pneumonia it differs in the temperature course being much higher and persistent in the latter. The absence of bloody sputum in pleurisy together with the friction sounds heard during inspiration and expiration should help to distinguish the dry stage. When consolidation of the lung takes place or effusion forms in the pleura percussion ought to indicate the line of demarkation which is usually S shaped. Vocal fremitus and vocal resonance are diminished in pleurisy and increased in pneumonia. I have seen one case of pericarditis with effusion which caused us much uncertainty as between pleurisy and tumor of the mediastinum where exploratory needle cleared the doubt. Exploratory puncture almost always settles the question though I recall three instances where it proved disappointing. In all three cases physical signs pointed clearly to presence of fluid. One was certainly a case with circumscribed pus sack in a ten year old boy whom I now have under observation. Following pneumonia seven weeks ago, pleurisy developed, and the child underwent a typical septic cachexia with alarming emaciation. Two explorations failed to reveal fluid though I feel convinced it was there. Now the child is getting better, his temperature has disappeared, pulse is normal and he is daily gaining weight and color. I believe this was a purulent case with interlobular abscess.

Among numerous other important diagnostic symptoms are two which should receive mention. The first is radioscopy reported by experts to give very accurate information in outlining the effusion. I have only tried the fluoroscope a few times but never with any degree of success. The second of these symptoms is new and as yet I have never seen it described in print. It is known as the sign of the spinal muscles recently observed by Ramond. I saw it demonstrated at the clinics in Paris last year and have been able to observe it since. Proceeding on the theory that where

a serous membrane is inflamed you have contraction of the neighboring muscles, as evidenced by the muscular rigidity of the neck in meningitis and of the abdominal wall in peritonitis, Ramond demonstrated that in pleurisy also there exists muscular defense. This consists of a bulging muscular mass distinctly felt on the level with the twelfth rib of the affected side. Normally, those muscles contract when the patient leans forward, but in a standing erect position they are practically relaxed. It is in this state of normal relaxation that this rigid mass is found in the patient and it increases when he is made to lean backward. In unilateral pleurisy this sign is very distinct and may persist long after recovery. One should, however, keep in mind the possibility of Pott's disease where there is contraction of the spinal muscles, but in doubtful cases its presence should corroborate the diagnosis.

PROGNOSIS

The prognosis in pleurisy is always serious, though not necessarily fatal, and depends on the cause. Lately a patient of mine died of pulmonary tuberculosis originating in the spot where pleurisy had existed nineteen years ago.

TREATMENT

The treatment followed in my cases varied very little. In the early stage of dry pleurisy opiates are almost always necessary to alleviate the pain. I usually prefer Dovers' powder when the stomach is not too irritable, otherwise morphine and atropine hypodermically. In children the camphorated tincture of opium is preferable, as it is less depressing. Strapping of the chest wall with adhesive plaster gives wonderful relief. Occasionally mustard applied locally has helped, but often counter-irritation has added to the distress. Ice or cold applications have given much benefit.

Given early, the salicylates, particularly aspirin, are good and should be used; later the iodides are preferable. I believe they have a restricting effect on the effusion. Free catharsis, diuresis and diaphoresis should always be encouraged for the same reason. The diet light and fluids should be given in moderate quantity.

When this dry stage passes to that of effusion which continues to increase, early exploratory puncture is advisable. If the fluid is serous it is drained entirely. In four cases aspiration had to be repeated. Even where the quantity is small the puncture seems to arrest secretion and to stimulate absorption. I have observed that where the fluid was drawn the flatness disappeared completely. Dullness persisted in those cases where puncture was not deemed necessary and where absorption took place gradually. In plastic cases such a condition remains permanent, due to the organized fibrin and inflammatory thickening.

If the exploration reveals pus the needle is withdrawn. My six cases of purulent pleurisy were comparatively acute and all drained by costal resection. Five contained enormous quantities of pus. One only about half a cup which was enclosed within a wall more than an inch thick. To have found it at all was mere luck. Much sloughing followed, the temperature dropped to slightly above normal. On the fifth day following the operation the patient had a severe chill followed by a sudden rise of fever to 105° F. and delirium. During the night he vomited perhaps a cupful of thick pus which had undoubtedly broken through a bronchus. This was a case of most severe streptococcic infection in a man about 45 years of age. His condition seemed desperate, but he recovered in about six weeks and has been well and working ever since.

Some physicians and surgeons advise against aspiration, in most cases preferring to allow nature to take care of the effusion, but I cannot see the advantage of this practice as the simple method of aspiration has always proved the quickest and most satisfactory. Useless to mention, of course, that this should be done under the strictest antiseptic rules. In acute empyema with abundant non-tubercular pus free drainage is desired. Conditions are different in tubercular subjects with mixed infection having no tendency to heal. To open the pleura in those cases would certainly create an opening difficult to close. Under such conditions the method of Dr. J. B. Murphy is rational and very interesting. This, as you all know, consists in repeated tappings followed by the injection of a two per cent. formalin and glycerin solution. He claims it sterilizes the contents of the cavity gradually and eventually effects a cure.

TRIGEMINAL NEURALGIA*.

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The term neuralgia is confined to a peculiar sort of pain not to be confused with the more dull and constant pain which we define as an ache. It might be defined as a pain in a nerve or nerves or radiating along the course of a nerve, with anatomical accuracy. It is characterized by severe darting or throbbing pain in intermittent attacks, with sensitiveness of the skin and tender points where the cutaneous branches are given off from the deeper parts. Trigeminal neuralgia is the most important and also one of the commonest forms

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of neuralgia. Any one or all of the branches of the nerve may be involved. True or idiopathic neuralgia is an affection due to pathological changes in the nerve itself or its ganglion; but, I wish to include in a brief general consideration those pains sufficiently neuralgic in character to be termed symptomatic neuralgia. We use the term symptomatic because the pain in these cases is only a symptom of a diseased condition demanding treatment directed to its removal instead of an attack on the nerve itself, or a persistent recourse to anodynes.

True neuralgia is rare, while the symptomatic form is constantly being brought to our attention. It is not always easy to determine the exact form of neuralgia in a given case but often requires the most painstaking study. A thorough search will, however, usually reveal a removable cause. It is for this reason that I have chosen this subject for I cannot help feeling that the difficulty involved in arriving at a diagnosis too often discourages the attempt. I am frequently struck by the resigned way in which patients speak when they say: "My doctor says it must be neuralgia," as if that were a perfectly satisfactory explanation of a hopeless condition which may or may not wear off with time.

CAUSATIVE FACTORS

A partial list of conditions causing symptomatic or trigeminal neuralgia might be as follows: Eye strain, glaucoma, iritis, carries of the teeth, osteo-mylitis of the jaw, pressure on nerve filaments in the mucous membrane of the nose, disease of accessory sinuses, tumor pressing on the nerve trunk, and toxic conditions of the blood.

PAIN

Unfortunately, the location of the pain is not a very dependable symptom, as pain in one branch may be referred to another that is possibly quite distant. This is very common in dental carries and is often so in diseases of the sinuses as will be seen in some of my case reports which I will give later. We are fairly safe, however, in presuming that the trouble is located on the same side as the pain.

DIAGNOSIS

The method of diagnosis by exclusion is especially indicated here. Suspect every possible source of origin until by careful examination it is proven not guilty. The history may help somewhat. For instance, the presence of a coryza would suggest the probability of internasal trouble. These cases are also apt to be worse when lying down as the capillaries of the nasal mucous membrane are more engorged when the head is low. Use of the eyes brings on or aggravates an attack due to the eyes. Failing to find trouble in the eyes or nose, the teeth should be examined. This should be done by the dentist, but one can often arrive at a probable diagnosis by finding a tooth that is sensitive to tapping. If in the upper jaw, however, one should be very careful to exclude a possible source in the nose or its accessory sinuses before the teeth are extracted.

I have no hesitation in saying that tons of teeth have been sacrificed in vain endeavor to obtain relief from pain due to other causes. Almost every patient who has had neuralgia for any length of time has had some teeth extracted, frequently all of them for that reason. I do not wish to be understood as saying that neuralgic pains are not frequently caused by diseased teeth. On the contrary, this is a very common cause indeed as everyone knows. Scarcely a week passes in which someone does not come in complaining of earache when the trouble is not located in the ear at all but is due to a diseased tooth. Also, I always advise getting rid of hopelessly diseased teeth as a general principle of mouth hygiene, but what I do protest against is the extraction of teeth that could be saved, and this often before any attempt is made to ascertain the possibility of disease elsewhere.

That eye strain can cause neuralgic pain I have experienced myself, for the first evidence I had of eye strain was a severe neuralgic pain in my right eye that kept me from sleeping two successive nights.

Glaucoma can also be mistaken for neuralgia as the following case will show.

Mrs. Mary T., aged 60, came to me with complete blindness of the left eye, which she thought was due to cataract, but proved to be absolute glaucoma. She gave a history of having had a number of attacks of what she called neuralgia. She had never consulted an oculist, having relied upon the services of a peddling optician who also attributed her attacks of pain to neuralgia. She admitted that the eye itself became somewhat inflamed during these attacks but considered this quite natural. This eye might have been saved but is now completely lost. I admit that she belongs to an unusually stupid family, as her daughter refused to submit to an operation for acute mastoiditis until she was completely prostrated, on the ground that the pain and tenderness of her mastoiditis was due to neuralgia, with which she was frequently troubled.

In iritis the pain is frequently referred to the temple and I have seen several cases where the eye has been permanently damaged through a mistaken diagnosis of neuralgia.

While neuralgia due to the eyes is usually confined to distribution of the first branch it is not true that the pain in this region is always due to the eyes, for a disease of the nose and its accessory sinuses not infrequently causes pain that may be wrongly attributed to the eye.

Miss Lena M. complained for several days of a pain back of her left eye which she thought required a change of glasses. The eye was painful to pressure and she said it seemed to be "trying to pop out." An examination of the eye failed to reveal anything except the tenderness; the nose showed nothing especially abnormal but the transillumination test gave a decided opacity of the maxillary antrum. The introduction of a trocar through the wall of the antrum gave vent to a literal squirt of pus and gas.

I shall never forget this case on account of the high pressure and the presence of gas, showing how completely the cavity was closed. This is the only time that I have ever recognized gas in a maxillary antrum.

I had another case last winter where disease of the maxillary antrum caused a typical supraorbital neuralgia.

Mr. C. B. D.—Transillumination showed the left antrum dark, but from the pain and tenderness I suspected a frontal sinusitis. Treatment directed to establishing natural drainage failed to give relief. Puncture into the antrum, however, gave exit to a quantity of pus with immdiate relief of pain over the eyebrows. Irrigation of the antrum alone for about a week removed all symptoms, proving that it was simply a case of empyema of the maxillary antrum.

Inflammation of the frontal sinus, especially when acute is frequently accompanied by neuralgia of the supraorbital nerve. In fact, this is one of the cardinal symptoms. The pain seems due to retention; there is usually a history of a preceding coryza. Inspection of the nasal cavity may show nothing but the inflamed mucous membrane. Upon shrinking the membrane in the region of the *hiatus* with cocaine and adrenalin one can sometimes have the satisfaction of getting entrance to the sinus with immediate relief; but, usually it does not discharge freely until an hour or so afterward. A good, active purge and hot applications hasten the desired result. When we consider the nerve supply of the nasal mucous membrane we can easily see that the first and second branches of the trigeminal nerve can readily be affected by pathological conditions in the nose.

When there are points of contact between the septum and either of the turbinates it needs only a hyperemia to bring about pain. The commonest conditions are a crest or ridge on the septum or an impacted middle turbinate. As an example of the latter I will cite this case.

Miss M. H. had neuralgic pains over the whole right side of her face and extending into the ear. She thought this was due to her teeth but her dentist assured her that this was not so. At the time I saw her she had been under the constant care of her physician for a month and was unable to remain at her work, which was that of a clerk. Inspection revealed an impacted middle turbinate the cocainizing of which gave instant relief which lasted for about two hours, when the pains returned as bad as ever. After repeating the performance she readily agreed to the amputation of the offending turbinate. The operation disclosed a large cell in the anterior end of the middle turbinate which was lined by a polypoid membrane. This gave complete and permanent relief.

In looking over my case records I find the pain in most impacted middle turbinates was referred to the region of the eye and that many of them came thinking the eyes were at fault. In some I had proceeded at once to the treatment of the nose, but in others I failed to attach due significance to the nasal conditions until glasses failed to give relief.

Mrs. C. C. came complaining of severe neuralgic pain in her right eye, worse at night. She was wearing glasses which seemed to be all right. She denied any trouble whatever in her nose but an examination revealed an impacted middle turbinate on the same side as the pain. I gave an opinion that the nasal condition was to blame but the pain was so entirely confined to the eyeball that she could not believe it. She insisted on a change of glasses which was made without relief. Finally she could stand the pain no longer and was driven, as she expressed it, to try anything. An amputation of the right middle turbinate gave complete relif.

Disease of the ethmoidal cells can also cause neuralgia. A very interesting case comes to my mind in this connection.

Mr. R. B. complained of severe neuralgia over his left parietal region which he attributed to an injury of his skull several years before. He was about to submit to an exploratory operation at the site of the old injury when his physician sent him to me for an examination to exclude a possible internasal cause. I found an impacted middle turbinate on that side and removed it. This gave him temporary relief, and we were beginning to hope that we had struck it, when the pain returned. There was no pus whatever in his nose, but I could not help feeling that we were on the right track and gained his consent to an exploration of his ethmoidal cells. I opened up the posterior cells first, thinking that the most likely region, seeing that the pain was so far back, but found nothing. I was just getting discouraged when upon opening up the most anterior cell of all I was rewarded by a gush of creamy pus. This proved to be the whole trouble as he has been entirely free from pain for seven months.

I do not wish to tire you by a multiplication of case histories and trust that the few typical cases mentioned will suffice to leave the impression that the eyes and nose often cause neuralgia. The toxic conditons like syphilis, malaria, and intestinal toxemia must not be overlooked as possible causes, but, coming directly within the sphere of the general practitioner you are, doubtless, more familiar with such cases than I am.

I should like, however, to mention two cases: My first frontal sinus case had been treated for over a month for malaria by a man who had the largest practice in the city. In the second case the boot was on the other leg, for as I was about to operate for frontal sinusitis my patient was cured by a dose of castor oil.

IDIOPATHIC NEURALGIA

We come now to the consideration of true or idiopathic neuralgia. This terrible affliction is fortunately rare. The exact pathology is still under dispute. It comes most frequently to those who have passed middle life and whose resistance is poor. If, after exhausting every means of diagnosis, we are forced to make one of true neuralgia what are we going to do? Medical treatment is without avail. Nothing but morphine will give relief and it is out of the question to keep these people under morphine for any length of time. Various expedients have been tried with varying success. The first attempt to give relief was the method of cutting the nerves as they emerged from their *foramina*. This succeeded in giving temporary relief but the period was so short, owing to the rapid regeneration of the nerves, that means were sought to prevent this. Pieces of the nerve were excised, but this has not proved much better. Next an attempt was made to prevent the recurrence by loosening the nerve from its foramen and by twisting and pulling to break it off as far back as possible in hope that the foramen would be so completely closed as to prevent renewal of the nerve trunk. This also was disappointing. The next step was the extremely radical one of opening the cranial cavity and excising the Gasserian ganglion. This gave permanent relief, but the operation was so formidable, with a high death rate and grave complications, that, while it is still being done, the search for a simpler method is going on.

NERVE INJECTIONS

Several methods of injecting the nerve trunk with some substance that will delay the return of its conductivity for a reasonable period have proven fairly successful. So much so that some, at least, of the best operators on the Gasserian ganglion advise that the injection method be tried before resorting to the major operation. The various substances used are: osmic acid, alcohol, alcohol and cocaine, and alcohol and phenol.

Various sites of injection are also chosen and may be divided into two classes—Peripheral and Deep. Peripheral injection would be made in the branches of the nerve at the points of exit from their foramina, i. e. supra-orbital, and infra-orbital. Deep injections are made in the trunks of the second division or supramaxillary nerve as it merges from the foramen rotundum and the inframaxillary trunk at its exit from the foramen ovale. It is not advisable to inject the main trunk of the ophthalmic branch as it is dangerous, but where necessary neuralgia of this branch can be controlled by injecting the peripheral twigs. The sphenopalatine ganglion can also be injected through the sphenopalatine foramen which lies just behind the posterior end of the middle turbinate.

The technic of these injections has been carefully worked out and they present no special difficulty to one whose tactile sense is fairly well developed. The procedure is not claimed to be a permanent cure but the period of relief lasting from four months to four years is complete and the injection can be repeated when necessary. I have made but one deep injection but the result, while not so lasting as one could wish, was certainly such as to make me enthusiastic over this line of treatment in cases that require it.

Mr. W. H., aged 70, had been troubled with neuralgic pains in his face for several years, which gradually grew worse until he was in a most pitiable condition. The slightest stimulus to any part of the region supplied by his left trigeminal would bring on a spasm of the most excruciating pain. He could not wash his face, brush his teeth, blow his nose or even eat and drink without bringing on an attack. He had had several teeth out thinking they might be at fault, but his dentist knew enough to refuse to extract the others which were quite sound. He was very intellignt and gave me the most satisfactory co-operation, but after a week of searching and experimenting, during which I removed his middle turbinate and explored his antrum we were forced to the conclusion that we were dealing with a case of genuine neuralgia and decided to try the deep injection of the middle branch. Fortunately, we struck the nerve at the first attempt. This gave him complete anesthesia of the region supplied by the supramaxillary branch and complete relief from the pain. It was most gratifying to see the change in the man the next day. He looked ten years younger. I regret to say, howver, that he has had complete relief for only about four months and that his attacks are gradually beginning to return. I have advised him to submit to another injection which may be more successful and I think he will do so soon.

Very recently a method has been suggested and the technic worked out of injecting the Gasserian ganglion by reaching it through the foramen ovale. Theoretically this would cause, a permanent degeneration of the cells of the ganglion and would seem to give promise of being the operation of the future. A number of cases have been treated this way but sufficient time has not elapsed to prove the superiority of this method over the injection of the trunks. I may add that the injection method is comparatively free from risk and does not preclude a resort to the more difficult and dangerous inter-cranial operation later, if necessary.

I will bring this paper to a close by repeating that the neuralgia that we commonly see is of the symptomatic type and that much can be done for these sufferers. Do not be content with saying it must be neuralgia, but try to discover the underlying cause; if you cannot, send them to someone who you think may do so.

THE DIAGNOSIS AND TREATMENT OF EXTRAUTERINE PREGNANCY*

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When the fertilized ovum is arrested at any point between the Graffian follicle and the uterine cavity and there undergoes development, we designate the condition as an extra-uterine or an ectopic pregnancy.

The diagnosis of an extra-uterine pregnancy is usually easy to make; the diagnosis, however, varies according as the sac is ruptured or unruptured and the fetus alive or dead.

Fully twenty-five out of every thirty cases of ectopic gestation present symptoms by which a presumptive, if not a reasonably certain diagnosis may be made prior to the patient's arrival at a dangerous stage. There are instances in which the first complaint is of a nature to cause the greatest alarm to the physician and friends—because the patient may be brought to the verge of death at once—but such cases are rare, and very seldom met with in the practice covering many years of an individual practitioner, yet such may be the misfortune of some here to-day.

DIAGNOSIS

To simplify the detection of an ectopic pregnancy and an early diagnosis, I wish first to call your attention to what I consider two distinct stages of the disease: namely, the simple and the alarming stages. Most cases present a group of symptoms preceding the alarming stage. I wish to make the following assertion, based mainly on the study of such cases for the past thirty-one years, patients operated on and a few not operated on, but diagnosis made at autopsy:

SIMPLE STAGE

When any woman after puberty and before the menopause, who has menstruated regularly and painlessly, goes four, five, eight, ten, or twenty days over the time that menstruation is due, sees blood from the vagina, differing in quality and color, quantity or regularity from her usual menses, and has pains in one side of the pelvis, generally of a severe nature, ectopic gestation may be presumed.

Two items of greatest importance in arriving at a presumptive diagnosis of ectopic gestation—in the simple stage—are atypical menstruation and pain. The atypical menstruation of ectopic gestation is a misnomer, though useful, as it directs attention to the appearance of blood, though differing from the regular menstrual flow; it may be greater and it may be less in amount; it may be continuous or it may be interrupted; it may be darker or it may be of a browner tint than the normal menstrual flow.

The metorrhagic blood of ectopic pregnancy very often has a sort of gelatinous character, so that I at times have imagined I could almost diagnose ectopic gestation, by the tactile sense of my fingers. The woman of moderately good perception will describe wherein the atypical menstruation differs from her usual menstruation.

As an aid in diagnosis careful history taking is of vital importance; note the date preceding and the character of the menstruation preceding the atypical menstruation; if the patient has been accustomed to painful menstruation analyze the character of her dysmenorrhea and ask her particularly if the pains differ in any way from her former pains; if the patient is ordinarily intelligent, she will tell you she has never had pains of this character.

Morning sickness and enlargement of the breasts which are the ordinary symptoms of intra-uterine pregnancy, is of rare occurrence. In extra-uterine pregnancy, upon your first visit, invariably the patient will tell you she has aborted, or is about to abort, but still is bleeding and has pains; the pains are very severe at times and the abdominal muscles rigid.

The colic in tubal pregnancy is often mistaken for intestinal colic, it may not cause the patient to rest but momentarily from her occupation, occasionally jarring of the body or being on the feet cause so much pain that the patient may remain in bed for shorter or longer intervals.

In the simple stage of ectopic gestation the pulse usually remains about normal, the temperature, like the pulse, remains unchanged.

ALARMING STAGE

The alarming stage of the disease is ushered in by severe colic, pallor of the skin, weak and rapid pulse, a fall of temperature of one, two or three degrees below normal, rapid breathing, vomiting, restlessness and fainting. The pulse may range from 120 to 160 and it may not be possible to count it at the wrist.

PHYSICAL EXAMINATION

The physical examination of an ectopic gestation produces more varieties of conditions in the pelvis than almost any other disease; the size of the uterus is seldom changed and the cervix not altered in size or consistency except in rare cases; if the uterus is lifted pain is experienced on the side of the pregnant tube.

In simple cases the tube is sufficiently enlarged to be measured by bimanual examination. Whenever pain is experienced it is

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probable that a little hemorrhage has occurred within the tube. A pregnant tube is always tender upon pressure and may be imbedded in blood clots.

If a large hematocele has formed, the uterus may be carried upward and outward and generally pushed to the side opposite the pregnant tube and in some cases one will experience difficulty in reaching the cervix. The following are some of the conditions that simulate tubal pregnancy and must be differentiated: abortion, salpingitis, cancer of the uterus, ovarian tumors with twisted pedicle, normal pregnancy with hemorrhage—simulating menstruation for the first three months. It is not unusual for a patient to have a prolonged menstruation in acute salpingitis, but fever and previous menstruations will clear up the case, and the patient with chronic salpingitis rarely goes over her time and usually menstruates earlier.

Failure to always differentiate tubal pregnancy and salpingitis is of little consequence, as an operation for one will demonstrate the other condition.

Uterine polypus and papilloma uteri produce menorrhagia and metrorrhagia, but in the majority of cases produce no pain or tenderness in the region of the tubes.

Cancer of the uterus it is only necessary to mention as the gross pathological changes will make the diagnosis easy.

A twisted pedicle in an ovarian cyst affords one of the best counterfeits of ectopic gestation. The enlarged fallopian tube, the steady pain and the atypical menstruation, the soreness of the abdomen and the fact that it springs from one side of the pelvis and lack of knowledge of the tumor makes for the physician a most difficult proposition, unless he makes sure the menstruation is not delayed.

TREATMENT

On account of the imminent danger to the life of the mother in extra-uterine pregnancy in the early months before the viability of the child, to defer the active treatment in such cases can only be charged to sentimentality or ignorance.

In. Prof. Olshousen's clinics, of upwards of forty years of active practice in the gynecological department of the University of Berlin, shows only sixteen per cent. of recovery under the expectant plan of treatment.

A. Martin has shown thirty-six per cent. in 275 cases by the expectant plan and 76 7-10 out of 515 cases under operative treatment, excluding the moribund and infected cases. The mortality would not exceed five per cent.

The plans of the treatment differ so widely, early and late in the pregnancy, that I shall deal with them separately.

When the diagnosis of an unruptured extra-uterine sac is made, the operation should be performed without delay; the technic differs but little from that for the removal of an ovarian tumor or hydrosalpinx. Care must be taken not to rupture the sac, as there is liable to be profuse hemorrhage. If in doubt it is well to clamp the ovarian vessels at the pelvic brim, and the uterine vessels at the cornu, thus controlling the circulation of the sac which is then removed with ease and the abdomen closed without a drain.

After rupture, when the patient has recovered from the shock by rest and stimulation by the use of normal salt injections into the cellular tissue under each breast,—the importance of this injection cannot be over-estimated—the collapsed patient rapidly revives, the pulse gaining in volume and diminishing in frequency. Here one can wait for several days with safety, providing the patient is under constant observation, and with better hope of recovery of the patient when all signs of shock have disappeared. Nature has walled off the blood collection, it is no longer free in the abdominal cavity, but it situated in the most dependant portion and there separated from the general peritoneum.

I realize this is contrary to the opinion of many operators, and make this point with full knowledge of severe criticism which makes for success or failure in this especial operation, and beg leave to report cases to substantiate my assertions, and to cast a ray of hope to the general practitioner far removed from hospital assistance and consultation of brother practitioners—that a ruptured tube is not as dark as sometimes painted.

CASE REPORTS

CASE I. Mrs. P., age 35, married 16 years, two children, eight years apart, no abortions. She had menstruated normally every four weeks, her last normal menstruation occuring Aug. 25. On October 12, blood began to appear from the vagina, in connection with this metrorrhagia she had what she termed "terrible" pains, most severe in the right iliac region.

I made a presumptive diagnosis of tubal pregnancy; colics occurred within two or three hours from the appearance of blood, some days the blood was bright and at other times dark and chocolate colored.

During my absence from town for a few days she was seen by another physician who claimed she had aborted, but the metrorrhagia continued. On Oct. 25th she was awakened with severe colic followed by weakness, rapid and weak pulse with every appearance of dissolution. I immediately injected normal salt solution and the following morning removed her to the hospital. She steadily gained for four days; on the fifth was operated with an uneventful recovery.

CASE II. Mrs. Y., age 32, married seven years, menstruated regularly every 28 days, accompanied by severe pain for first day. About four years ago menstruation was delayed about two months. She was taken with severe pain in the hypogastric region; the following day she had another severe

attack of pain in the lower abdomen. Was removed to St. Joseph's Hospital at Hancock, where she remained four months in bed with a presumptive diagnosis of tubal pregnancy, but no operation was performed. She partially recovered her health. Two years after, I was hurriedly called by her husband, who stated that she was dying. I found her in complete collapse, weak pulse, impossible to count at the wrist and constant vomiting. She was immediately taken to a hospital. Injection of salt solution and absolute quietness for three days. On the fourth day she developd some temperature and was operated the same afternoon; removing about one pint of fluid blood and a great many clots. She made a slow but perfect recovery and at the present time is enjoying very good health.

I feel confident if these patients had been operated on immediately that they would have proven fatal.

APPENDICITIS IN INFANTS*

CYRUS B. GARDNER, M.D.
ALMA, MICH.

The conviction that inflammation of the vermiform appendix is decidedly more common in infancy than has heretofore been supposed offers the excuse for this paper. A series of cases of appendicitis in infants prompted me to consult the literature bearing on the disease. This perusal, together with a study of my own cases forces me to believe that the peculiarities of the disease in childhood and infancy are sufficient for special mention.

While appendicitis is relatively rare in infancy, it is by no means so infrequent that we should not consider it a possibility when a child presents symptoms of intestinal or abdominal disease. In 1,223 cases of appendicitis at Johns Hopkins' Hospital there were 9 instances of the disease in patients under five, and 50 between five and ten years. The disease has been observed in infants six, seven, and nine weeks old. Personally, I have had an opportunity to study suppurative appendicitis in an infant of eleven months, one at fourteen months and another at eighteen months. Besides these I have had four cases in patients from three to six years of age. My total number of cases at all ages has been less than thirty. My experience is a bit unusual, especially when compared to Doctor McCosh, who personally observed one thousand cases, only 17 of which were in patients under five years and but 4 under the age of two years.

As in adults, male children are more prone to the disease than females.

ETIOLOGY

We have little positive information as to the exciting cause. Whether preceding gastro-intestinal symptoms are the cause or the result of a diseased appendix is a mooted question. A great many able clinicians believe that chronic or acute gastro-intestinal disease, which finally attacks the mucosa of the appendix, is a prominent etiological factor. On the other hand most surgeons incline to the view that any preceding gastro-intestinal disturbances are purely symptomatic and are due entirely to the diseased appendix. Reasoning from analogy and recalling what we know of the symptomatology of chronic appendicitis as seen in adults, I think it likely that the latter conception is the correct one. A fecal concretion is usually present and it is quite probable that it may be a factor in inducing the acute attack. Pin worms are oftentimes *habitats* of the appendixes of young children and it is believed that they may induce an acute attack. The usual pus producing bacteria are always present either singly or in combination.

SYMPTOMS

That classical and characteristic array of symptoms of pain, nausea, abdominal sensitiveness and fever as seen in the adult, and occuring in the order mentioned, probably holds equally true for infants. The great difficulty, however, lies in a correct interpretation of the symptoms as seen in the infant. The pernicious habit of administering an opiate to every child who has an abdominal pain serves only to obscure the symptoms and cannot be too severely condemned. Pain is always present but its localization and degree is difficult to determine. The pain is frequently referred to the back, hip, or elsewhere. In fact, referred pain is very common in childhood. In this connection I have only to mention the abdominal pain of which children, who have pneumonia or pleurisy, so frequently complain; likewise the knee pain of hip joint disease.

It is said that vomiting is invariably present. The last infant I had suffering from this disease did not vomit. However, the child was manifestly nauseated from time to time as indicated by a sudden palor, clammy brow and a positive disgust at the sight of food.

The determination of local tenderness depends somewhat upon the temperament of the child but more upon the patience of the physician. If one is not too careful of his time local sensitiveness can usually be made out. However, it must be admitted that abdominal palpation is oftentimes unsatisfactory in a child as the little patient frequently screams constantly and a crying child always has rigid abdominal muscles. Local tenderness can always be made out, however, if the child is examined while asleep or partially so. A little pressure over the sore area will make the child wince. This is positive information

* Read before the regular meeting of the Gratiot County Medical Society Aug. 14, 1913.

and is invaluable. In children, who will allow it, a slight pinching of the skin over or near McBurney's point will elicit intense pain.

The inflammatory tumor is much higher than in adults as the appendix and caecum do not reach the iliac fossa until the child is about four years of age. In fact the tumor is situated so high up that it is easily mistaken for pus retention, or a tumor of the right kidney. The tumor is not at all difficult to make out if one palpates the child's abdomen while it is sleeping or under an anæsthetic. Rectal palpation should never be neglected for one can feel the inflammatory mass either in or above the right iliac fossa.

The child may be and usually is constipated, although diarrhoea is more common than in adults. Early and persistent bladder irritability is a very common symptom. The flexor muscles of the thigh are in a state of reflex spasm, hence the thigh is flexed on the pelvic bones in a very characteristic manner. A babe with appendicitis will almost always lie on its right side or back with its legs drawn up. The blood examination shows a leucocytosis. This is especially true of the suppurative variety and is of distinct value in making a differential diagnosis.

DIAGNOSIS

The diagnosis of appendicitis in children presents difficulties which do not obtain in adults. In adults a carefully obtained anamnesis oftentimes suffices to cinch the diagnosis. In infants the history is unreliable and cannot be depended upon. Intussusception is common in infants and as it is more often the ilio-caecal variety it may give rise to difficulties in diagnosis. In intussusception, however, blood is almost invariably found in the stool although it may be necessary to employ the chemical reaction to demonstrate occult blood. Usually, however, blood-stained mucus appears early. In intussusception, too, there is not the early rise of temperature nor the same early increase in the white blood cells, each of which constitute early and important symptoms of appendicitis.

As an aid to diagnosis I would urge palpation of the abdomen while the child is under an anæsthetic. A few years ago I gave a colicky babe an anæsthetic to arrive at a diagnosis. It afterward occurred to me that this maneuver was a bit unusual, and, as I had not seen it mentioned in the text books, I was entertaining some self congratulatory views on having discovered a new and to me, a very valuable method of examination. Before trying to publish it, however, I decided to review the literature. I was disillusionized on finding that a certain Doctor Gibb, who resided in an obscure town in Kansas had, somewhat previously, given an anæsthetic to a colicky babe to enable him to make a diagnosis. This was in 1905, whereas my method was in 1907. This incident is the only one which has ever made me regret not having been born a few years earlier. Dr. Gibb published it, remarking on its value, and, very properly I think, suggested that the supposed infrequency of appendicitis in infancy may be due to its not being recognized.

Acute indigestion with colic will simulate appendicitis very closely, but a few hours' observation will enable one to differentiate. From pleurisy or a right sided pneumonia the diagnosis may be impossible for a few hours. Children with either disease may complain of abdominal pain and have a distended and rigid abdomen, together with vomiting. In the course of twelve or twenty-four hours, however, the chest symptoms are paramount.

The obscure condition known as cyclic vomiting should cause no special difficulty to arise. In cyclic vomiting there is no pain; the vomiting is profuse and frequently repeated, ceases suddenly, and the abdomen is hollow. In addition there is an early acetonuria.

PROGNOSIS

When people become educated to the point where they are less apt to look upon gastro-intestinal disturbances in children as a matter of course, but regard them, as is frequently the case, as symptoms of a serious affection, the prognosis, which depends so much upon early diagnosis and treatment, will be much better. All writers comment on the high mortality of appendicitis in children. Children do not have the resisting power to disease of the peritoneum that adults have and general peritonitis is much more common than in adults.

Two French writers, E. Kirmisson and M. Guimbellot, report a case in an infant of eleven months whose appendix was removed sixty hours after the first symptoms, but the child did not survive the day. These writers have found twenty-six somewhat similar cases in the literature, nine in infants under twelve months, and seventeen in the second year. Of the total number nineteen died and seven recovered, all of the latter being over eighteen months of age. Appendectomy was done in nineteen cases with recovery in seven. The only children who recovered were those operated on at once. These figures indicate that the younger the child the worse the prognosis. They also disclose the significant fact that the earlier the operation, the lower will be the mortality.

I have operated upon six infants, three of whom were under two years of age. All of these were of the suppurative variety. The appendix was removed in two, split open and

left *insitu* in one, undisturbed in three. Thus far my mortality is *nil* for which I am profoundly thankful.

TREATMENT

Early surgical intervention is the only course to be advocated in the suppurative variety. The catarrhal or congestive type go on to recovery regardless of whether we narcotize or purge the little patient. As there is no way to tell which patient will have the abscess, all should be operated on as soon as the diagnosis is made. The operation should consume the least possible time. Children stand short operations well but may be needlessly lost through prolonged or ill-advised efforts to do more than is absolutely essential.

CONCLUSIONS

1. Appendicitis is a serious and common disease of childhood.
2. The symptoms require careful interpretation.
3. The diagnosis is facilitated by examining the child under an anæsthetic.
4. Children are less resistent to bacterial invasion than adults and general peritonitis is more common.
5. Prompt surgical measures offer the greatest hope of success.

CLINICAL CASE REPORTS

IMPERFECTLY DESCENDED TESTICLES—SHOWING AN UNUSUAL FEATURE.

H. A. SHARPE, PH. C., M. D.
L'ANSE, MICH.

A somewhat thorough search of the literature leads me to believe that the case herewith reported is unique from the close proximity of the undescended testicles. Before undertaking this particular operation I went carefully over the literature for the past six years and I was amazed at the marked dissension of opinion among noted operators along these lines.

Such a state of affairs showed clearly that we have no ideal operation for this condition. Steinman[1] advocates reduction of testicle restoring same to abdomen with the subsequent injection of paraffine for artificial testicles. Thus he states that the tendency to hernia is combated. W. W. Golden[2] reports translocation of testicles from an injured scrotum into the abdomen. Patient had erections and emissions. Rawlings[3] states that in double incomplete descent, abdominal replacement has been advised but does not agree thereto for: (a) abdominally replaced testicles almost certainly lose their spermatogenetic power; (b) whereas pubic, inguinal and pubo-scrotal organs retain in 40 per cent. to 50 per cent. their spermatogenetic power up to the age of 30 to 40 years. Coley[4] states that from 128 personal operations (a) undescended testicles are almost invariably of little or no functional value; (b) undescended testicles in children should never be sacrificed; and rarely ever be operated upon under 8 years of age; (c) the main principle in these operations are the free opening of the inguinal canal and the bringing of the testicles into the scrotum. Villemin[5] from his operations on 300 cases of undescended testicles advocates: (a) refraining from operating on young children when there is absence of hernia or pain; or when the testicles are in the abdomen and behind the peritoneum, but he does operate when there is concomitant hernia and pain. He states that after the age of 10 years that spontaneous descent of the testicles are rare. Bland Sutton[6] points out that the imperfections of an undescended testicle are the cause and not the consequences of its failure to reach the scrotum. He also states that such organs are more liable to malignancy and that to retain such an organ may be described as supererogative.

PATIENT'S HISTORY

Patient's History—Age 11 years; school-boy; had always been bright and healthy and was of the average development for a boy of his age. The parents up to one year ago had never examined the boy's scrotum and were unaware that both testicles were absent. At this time the boy was carrying a heavy box from the store to his home, one corner of which was pressing over the left inguinal region. He was seized suddenly with an intense and excruciating pain over that area and he was carried home and I was summoned.

Examination—Examination revealed the absence of both testicles from the scrotum, the left being located in the left inguinal canal, very sensitive and was the cause of his present trouble, having sustained trauma while carrying the box. With the ordinary palliative measures tenderness passed away.

Subsequent History—One year later, May 10, 1911, while playing he was struck with a ball in the left inguinal region causing a recurrence of the symptoms, but more severe; he was confined in the bed for 3 weeks and recovery was slow. The testicle remained about twice its previous size and very tender. Under the circumstances I recommended surgical measures in order to retain the function, for with repeated trauma and subsequent inflammation it would deprive it of its spermatogenetic function. On July 1, the following operation was performed:

Operation—The inguinal canal was opened for its

1. Correspondenz-Blatt f. Schweizer Aerze, Basle.
2. Journal A. M. A. June 8, 1908, Page 1934.
3. Rawlings. The Practitioner, London, Aug., 1908.
4. Coley, Annals of Surgery. Sept., 1908.
5. Annales de Medecine et Chirurgie Infantiles Paris, Jan., 1909.
6. Bland Sutton, Practitioner, London, Jan., 1909.

entire length as for the Bassini Operation. The testicle as it lay in the canal was picked up and loosened from the surrounding connective tissue and temporarily held away from the field of operation. An incision was made in the posterior wall from the internal ring to the pubic bone, posterior to the external ring. The internal ring was destroyed and this brought into view the peritoneum, vas, and spermatic vessels. Traction was now made on the testicle, gradually loosening the cellular tissue, when there appeared at the new inguinal opening a mass of connective tissue in which was imbedded an apparently normal testicle, which was easily separated from the mass. Upon further traction on the first testicle, the second followed readily and soon I had both testicles in the scrotum; both spermatic cords lay in the new inguinal canal and ring. The inguinal canal was repaired and the ring closed, leaving both cords lying in the new ring posterior to the original ring. Both testicles were sutured to the scrotum. One testicle remained in the normal location and the second remained immediately above it but well within the scrotum.

Postoperative History—I had occasion to examine this boy from time to time during the next 8 months and both testicles remained well within the scrotum, on the left side; the one lay immediately above the other. Although the first testicle remained somewhat larger than the second it is my opinion that both retained their spermatogenetic function.

Personally, I consider the Walther technic an excellent procedure and one worthy of consideration. It consists of slitting the septum and bringing the undescended testicle through to the opposite side. The cord is anchored high up. This method reduces to a minimum its liability to retraction.

CONCLUSIONS

(a) Undescended testicles causing no trouble should be left alone. (b) Undescended or partially descended testicles when demanding surgical interference, should preferably be brought into the scrotum, rather than being replaced in the abdomen.

The Doctor.

The remarkable story of the Marietta, O., doctor, who, suddenly bereft of his sanity, vivisected a patient on the operating table, might be employed in commenting on different phases of life which it touches, but perhaps in nothing more profitably than reflecting a little on the demands exerted on the medical practitioner generally.

The doctor has become not only healer in the flesh but counselor to the spirit. He is the secular father confessor. The current running through the doors of his office brings him every ill to which man, soul and body, is heir. He must incline his ear to stories of degradation, of sordidness, of hopelessness, even more than to symptoms of physical ill. Even if he is not a compassionate man—rare among doctors—he has a professional appreciation of the value of cheer, of renewed courage, in combating bodily diseases, and he feels it incumbent to fortify his medicines with advice, with moral assistance.

To his consulting rooms are brought not only the weaknesses but the injustices and the misfortunes of life. When his training and his experience point the way surely through diagnosis to cure, how often his pencil is halted on the prescription pad as he hears the recital of poverty! Before him is a woman, or a child, wasting away through overwork, or mal-nutrition. He knows the cure: Rest, plenty of wholesome food, recreation, change of environment. He has to change the prescription to read: Tonic—and not infrequently has to supply the 50 cents that the druggist will charge.

All the while he has the work of maintaining himself and his family. His hours are long, his life irregular, his labor near incessant. He must find time to keep abreast of a science that is developing faster than most sciences, and with him constantly, if he is true doctor, is the unresting ambition to add something to the store of that science.

The complexities of modern life bear on none harder than on the doctor; for on him reacts not only his share, but a large portion of everybody's else. It is surprising that he so seldom breaks down under the strain imposed on him. It is not at all to be wondered that when the doctor at last manages to get away from his practice on the vacation for which he has to maneuver hard, he travels, as often he does, in careful disguise, lest the ailing and troubled mortals about him close every avenue of escape.—*Detroit Tribune.*

The Value of Tuberculin.

First—That providing reasonable care be exercised, no harm will result from using tuberculin in cases of advanced sub-acute and chronic ulcerative pulmonary tuberculosis.

Second—That a few cases, perhaps one in five, will show a very striking improvement from the use of tuberculin.

Third—That a much larger proportion, perhaps 50 per cent., will do well while taking tuberculin and improve moderately. This may be shown by gain in weight, reduction of temperature, lessened cough and expectoration, improvement in physical signs, or disappearance of subjective symptoms; but the benefit is apt to be only temporary.

Fourth—That the remaining cases show no improvement, the natural course of the disease being entirely unaffected by tuberculin injections.

Finally the writer agrees with Francine and Hartz, who recently tried tuberculin in a series of chronic fibroid phthisis cases and concluded, "that in advanced chronic tuberculosis when there is fair resistance and little or no fever, tuberculin is unqualifiedly a valuable therapeutic measure."—Lohman: *Long Island Med. Journal.*

EMETIC ACTION OF DIGITALIS.—Cary Eggleston concludes that there is no valid experimental or clinical evidence that therapeutic doses of digitalis cause nausea or vomiting through local irritant action of the alimentary tract, but that there is much evidence that the vomiting is not caused by such local action. He states that there is experimental evidence that the nausea and vomiting resulting from therapeutic quantites of digitalis principles are due solely to their action on the vomiting center and therefore result only after the employment of a sufficient amount of drug. Eggleston concludes that it is fallacious and irrational to attempt to avoid these symptoms resulting from the oral administration of any given digitalis preparation by resorting to another preparation or to another channel of administration (Jour. A. M. A., Sept. 6, 1913, p. 757.)

Forty-Eighth Annual Meeting of the Michigan State Medical Society, Flint, Mich., Sept. 4 and 5, 1913

OFFICIAL PROCEEDINGS

The Forty-eighth Annual Meeting of the Michigan State Medical Society that was held in Flint as the guests of the Genesee County Medical Society on September 4 and 5, 1913, has been placed on record in the archives of our Society as one of the most successful meetings ever held. The total registration was Three Hundred and Sixty-five and in addition there were fifteen guests from without the state and about forty visiting ladies, making a total attendance in Flint of four hundred and twenty.

The first meeting was that of the:

COUNTY SECRETARIES' ASSOCIATION

on Wednesday afternoon, Sept. 3, at 3 p. m.

This meeting was called to order by the President, C. E. Boys, of Kalamazoo, with 23 County Secretaries responding to the roll call. The first number on the program was the President's Address, which was delivered by Dr. Boys. (This address may be found printed in full in the County Secretaries Department of this issue.)

At the close of Dr. Boy's address, Dr. W. H. Sawyer, President of the State Society, spoke to the secretaries on Society Work.

Dr. Roland Clark, Secretary of the Wayne County Society, read a paper: "The Social Relationship of the County Society to its Membership." The paper provoked a live discussion that was participated in by the secretaries present.

Dr. A. R. Craig, Secretary of the American Medical Association, spoke to the members upon the work of the County Society. He imparted many valuable suggestions as to how a county society may be made a valuable asset to the doctors of every community.

Dr. E. M. Highfield, owing to inability to be present, sent his paper on: "Shall the Programs of the County Medical Society Be Made Up of Home Talent or by Invited Guests?" which was read by the Secretary. This paper resulted in a lengthy and interesting discussion. The discussion was in reality a testimonial talk on the part of each secretary in which he gave his experiences in the work of preparing programs, time of meetings, attendance, place of meetings, securing new members, maintaining the members' interest and the work entailed in being a County Secretary.

This discussion lasted until 5:30.

The following officers were elected for the ensuing year: President, Dr. C. T. Southworth, of Monroe; Secretary, Dr. C. B. Fulkerson, of Kalamazoo.

The members then adjourned to the dining room of the Flint Y. W. C. A., where all present sat down to an appetizing dinner as the guests of the Council. During the dinner informal discussions were held regarding state and county work of the organization. At eight o'clock the meeting adjourned.

The five hours thus spent in close association and in the discussion of the problems of a County Secretary cannot have resulted in anything but benefit to those in attendance, and we look for an ultimate result of better and more active county societies in those organizations whose secretary was present at this meeting.

The next meeting was that of the Council.

COUNCIL PROCEEDINGS

FIRST SESSION

The Council of the Michigan State Medical Society met in its regular Semi-Annual Session in the Masonic Temple, Flint, on September 3rd, 1913 at 8 p. m.

Chairman W. T. Dodge called the Councillors to order, and upon roll call the following Councillors responded: Biddle, Bulson, Seeley, Rockwell, Du Bois, Hume, Kay, McMullen, Baker, Dodge, Witter, and Southworth.

Absent, Councillors Ennis and Kimball.

Treasurer D. Emmet Welsh and the Secretary were also present.

The minutes of the January, 1913, Annual Meeting were approved as read.

Dr. McMullen, chairman of the Finance Committee, read the following report of the Certified Accountant whom he had employed to audit the books of the Society:

Grand Rapids, Michigan, Aug. 28th, 1913.

To the Council of the Michigan State Medical Society:

c/o F. C. Warnshuis, Secretary.
91 Monroe Ave., Grand Rapids, Michigan.

Gentlemen:—

On February 1st, 1913, I was requested by Dr. B. H. McMullen, Chairman of your Financial Committee, to audit the records and books of your society, and in compliance with his instructions I herewith present you with my report, together with such comments and suggestions as I have deemed proper to make.

The financial condition of the M. S. M. S. on January 1st, 1913, as near as could be ascertained at that time, was as per the following opening entries with which we started the new set of boks.

ASSETS.

Bond Account	$2,000.00
Savings Account	1,772.77
Savings Account	552.28
Peoples Savings Bank, Grand Rapids	1,292.76
Accounts Receivable for Advertising	364.36
Accounts Receivable, Reprints	49.50
Present worth of the M. S. M. S.	$6,031.67

I have just completed an examination of the new set of books for eight months ended August 31st, 1913, and find them correct and in good condition. The following Trial Balance Sheet, and Statement of Losses and Gains was taken from the new General Ledger, and is in my opinion correct.

ASSETS.

Bonds	$2,000.00
Savings Account in hands of Treasurer	2,325.05
Certificates of Deposit with Treasurer	3,055.00
Grand Rapids Savings Bank	249.69
Accounts Receivable	793.11
	$8,422.85

LIABILITIES.

Due Defense Fund		$ 26.00
Present Worth Jan. 1st, 1913	$6,031.67	
Gain to Aug. 31 (see below)	2,365.18	
Present Worth Aug. 31, 1913		$8,396.85
		$4,422.85

Statement showing losses and gains for eight months, ended August 31st, 1913.

LOSSES

Expense	
Journal	$2,493.87
Society	966.38
Reprints	241.90
Secretary	227.36
Council	135.95
General	76.43
Petty Cash	17.00
Annual Meeting	13.00
	$4,171.89

GAINS

Receipts—	
Membership Dues	$1,998.75
Journal Subscriptions	2,009.20
Advertising Sales	2,222.44
Reprint Sales	180.25
Interest	126.23
Over and Short Account	.20
Less Losses	4,171.89
Net Gain to August 31st	$2,365.18

(Signed) WALTER H. SHULTUS,
Public Accountant.

On motion of Councillor Seeley, supported by Councillor Hume, the report of the Finance Committee was accepted and placed on file.

The Chairman of the Council then read the Council's report to the House of Delegates. The report was discussed section by section, and upon motion of Dr. Biddle, supported by Dr. Hume, the following report was approved:

REPORT OF THE COUNCIL.

MEMBERSHIP

Number of members, Sept. 1, 1913	2,262
Number of paid members, Sept. 1, 1913	2,086
Number of delinquent members, Sept. 1, 1913	176

The directory of the American Medical Association gives the number of the physicians in Michigan as 4,104. From our figures it appears that we have a trifle over fifty per cent. of the profession as members of the State Society. Granting that twenty per cent. of the 4,104 are ineligible, this leaves at least one thousand doctors who should be members. It further appears that the greater number of unaffiliated doctors reside outside of the larger cities in the thickly settled agricultural area of the state. An aggressive campaign to bring these men into affiliation should be undertaken.

THE SECRETARY-EDITOR.

At the January meeting of the Council Dr. F. C. Warnshuis was elected to this position, Vice, Dr. Wilfred Haughey of Battle Creek. The relations between the Council and the retiring secretary were entirely satisfactory throughout his term of office. He was faithful in the discharge of his duties, elevated the standard of our Journal, and visited during his term of office most of the County Societies. He retired with the cordial good will of every member of the council.

The new Secretary-Editor entered upon the duties of his office with great vim and enthusiasm, and has performed a vast amount of work. A new system of records and books has been installed in the office. Nearly all the original articles and other literary matter contained in the Journal, since the February number, have been secured through his efforts. He has visited many county societies, and doubled the advertising receipts of the Journal over any previous equal period of its history.

Previous to February 1st of this year the Secretary had been paid a salary of $600 and 20 per cent. of the advertising receipts. In January we fixed the salary at $1,000, without commission on advertising receipts. Had the former law been continued the present secretary would now be receiving a salary at the rate of $1,400 per year. As to how he has succeeded in furnishing the members with a satisfactory Journal, we leave them to decide.

THE JOURNAL.

The form and size of THE JOURNAL was changed early in the year in conformity with the prevailing tendency to make the State Society Journals uniform in size. The change appears to have given general satisfaction to our members.

While THE JOURNAL is at present experiencing prosperity, the Publication Committee does not feel that it has yet accomplished the ends towards which it is striving. We hope to be able to send each subscriber in the near future, a journal containing twelve to fifteen original articles, practical and scientific editorials, and editorial comments, acquaint the profession with the news of the medical fraternity of Michigan, and to report the activities of our various county societies so that in the end, specialist, surgeon, general practitioner, in fact every member of the profession will find in *his* journal something of interest and practical value to him. The Council has the pleasure of announcing that the Clinical Society of the University of Michigan has designated THE JOURNAL as its official organ of publication. THE JOURNAL consequently will be the recipient of many valuable papers that are presented before that organization.

We propose to carry advertising for none but honest straightforward firms, such firms as we can afford to recommend and even now assure our members that business relations may be entered into with any of our advertising patrons with the assurance of receiving from them a "square deal."

At the present time THE JOURNAL is receiving from its advertisers $300 per issue. Previous to this year the receipts have averaged from $150 to $160 per issue so that for the first time advertising receipts now exceed the cost of publication. The ambitions above outlined for THE JOURNAL depend upon maintaining this increased advertising patronage. This can only be done if our members give preference to our advertisers when buying their supplies—prices being equal—and also in corresponding with advertisers to always mention THE JOURNAL. If our members will get the habit of considering themselves personally interested in the financial welfare of THE JOURNAL, the work of the Secretary will be much lessened.

NECROLOGY.

Many deaths of our members and former members have occurred since our last meeting. Notices in each case have been published in the current number of THE JOURNAL. In some instances extensive obituary notices have appeared, so that extensive reference to our deceased brothers would seem to be unnecessary at this time. We believe, however, that *one* is numbered among the many, who for so many years filled so prominent a place in the councils of the Society, that failure to pay tribute to his memory at the annual meeting following his demise would be unfortunate. We all remember the pleasant smile of our former president, E. L. Shurley, of Detroit, how faithful he was to the cause of the Michigan Medical profession, what a valuable work he did for humanity. Let us honor his memory and emulate his example.

MEDICAL LEGISLATION.

At last we have a medical practice act that protects the people of Michigan from any get-money-easy pathists that may originate in the future. Not only a definition of the practice of medicine is incorporated in the act, but various other provisions are made, far exceeding our most extravagant expectations at our last annual meeting. As the act itself and explanatory articles have been printed in THE JOURNAL, it is unnecessary to treat it extensively here Our members should be vigilant during future legislative sessions to see that its usefulness is not destroyed by future legislation.

The Society owes a debt of gratitude to many of our members who assisted in securing this passage.

THE PRESIDENT ELECT OF THE AMERICAN MEDICAL ASSOCIATION.

Our former President, and dearly beloved frater, Victor C. Vaughan, Sr., is the President-elect of the American Medical Association. A great honor to him; a great honor to Michigan; a great honor to this State Society, because he was elected in open session by a majority of members of the House of Delegates of that great Association. We regret that, as the retiring President Jacobi remarked in his closing address: "The President of that body has been divested of most of his powers." Otherwise the talents of our distinguished friend might be more effectually exercised for the upbuilding of that great Association. The Association honored itself in choosing our brother for its presiding officer.

HONORARY MEMBERS.

We recommend that:

Dr. John B. Roberts, of Philadelphia, and Dr. Miles F. Porter, of Fort Wayne, be elected to honorary membership in this Society.

All of which is respectfully submitted by the Council.

(Signed) W. T. DODGE,
Chairman of the Council.

Moved by Councillor Biddle, supported by Councillor Seeley, that the above report of the Council to the House of Delegates be approved.

Carried.

Moved by Councillor Biddle, supported by Councillor McMullen, that the Secretary-Editor be authorized to enter into a contract with the Tradesman Company of Grand Rapids for the publication of THE JOURNAL in accordance with their bid.

Carried.

Moved by Dr. Hume, supported by Dr. Biddle, that the Secretary be instructed and authorized to have the records of the Society compiled for permanent record, and that one hundred dollars ($100) be appropriated for the expense of this work.

Carried.

Moved by Councillor Seeley, supported by Councillor Kay, that the Secretary be authorized to secure a suitable seal for the Society.

Carried.

The Treasurer, Dr. Emmett Welsh, presented the following report:

TREASURER'S REPORT.

To The Council of the Michigan State Medical Society:

Gentlemen:—

As your treasurer I beg to submit the following statement of the funds of the Society in my possession on August 31st, 1913:

Chamberlain Hardware Co. Bonds, drawing 5% interest per annum	$2,000.00
Certificate of Deposit, Commercial Savings Bank	2,325.05
Certificate of Deposit Big Rapids Bank	1,000.00
Certificate of Deposit, G. R. Savings Bank	2,030.00
Certificate of Deposit Commercial Savings Bank	25.00
Checking account G. R. Savings Bank	249.69
Total cash funds	$7,629.74
Accounts receivable	793.11
Total Resources	$8,422.85

Upon assuming the office of Treasurer I received funds and assets amounting to $6,031.67.

I am thus able to report an increase of $2,391.18 with $26.00 due the defense fund, making a net increase for the seven months of $2,365.18.

Respectfully submitted,

(Signed) D. EMMETT WELSH,
Treasurer.

Upon motion of Councillor Southworth, supported by Councillor Bulson, the Treasurer's Report was accepted and placed on file.

The Council adjourned to reconvene on Sept. 4th, 1913, at 12 M.

(Signed) F. C. WARNSHUIS,
Secretary.

COUNCIL PROCEEDINGS

SECOND SESSION

The second session of the Council was held in the Masonic Temple at Flint, on Sept. 4th, 1913, at 12 M., with Chairman Dodge presiding, and the following Councillors present: Dodge, Biddle, Bulson, Seeley, Kay, Baker, McMullen, Witter, Hume, DuBois, Rockwell, Southworth, and President Sawyer, Treasurer Welsh and the Secretary.

Councillor DuBois reported that he had had a conference with Ex-Secretary Haughey, and that he had been authorized to withdraw the bill amounting to $540.00 for back rent as presented to the Council by Dr. Haughey. Councillor DuBois moved that a voucher for $120.00 be sent to Dr. Haughey for payment of office rent for the last year.

Supported by Councillor Biddle and carried.

Moved by Councillor Du Bois, supported by Councillor Kay that the Secretary be authorized to pay Ex-Secretary Haughey advertising commission upon unexpired new advertising contracts.

Carried.

Moved by Councillor Du Bois that fifteen dollars ($15.00) be appropriated for each month's office

rent of the present Secretary-Editor, and that the appropriation date from February 1st, 1913.

Supported by Councillor Biddle, and carried.

Councillor Hume moved the adoption of the following resolution:

"Whereas, it has been the policy of this Council to submit to the censoring of advertising matter of the Michigan State Medical Society's Journal by the Committee on Pharmacy and Chemistry of the A. M. A., and

Whereas such limitation at times, seemingly without proper investigation, has caused friction between this Society and the management of the A. M. A.

Therefore, resolved that advertising matter, the admission of which to our State Journal may be criticised or prohibited by said committee of the A. M. A., shall hereafter be referred to the Chairman of the Publication Committee, Chairman of the Council and the Editor for final action and disposition."

Supported by Dr. Baker and carried.

The Council then adjourned to reconvene on Friday, Sept. 5th, 1913, at noon.

F. C. WARNSHUIS, Secretary.

COUNCIL PROCEEDINGS

THIRD SESSION

The third session of the Council was held in the Masonic Temple at Flint on Friday, Sept. 5th, 1913, at 12 M., with Chairman Dodge presiding and the following Councillors present: Dodge, Bulson, Seeley, Kay, Witter, Baker, Hume, McMullen, Southworth and the Secretry.

The minutes of the two preceding meetings were approved as read by the Secretary.

Moved by Councillor Biddle, supported by Councillor Witter, that the auditor's bill be allowed, and a voucher drawn for $68.00 in payment thereof.

Carried.

Moved by Councillor Bulson, supported by Councillor Baker, that the Secretary be authorized to employ a corps of reporters for the purpose of securing a complete report of the proceedings of the Society, Council, House of Delegates, General Sessions and the Scientific Sections.

Carried.

Moved by Councillor Baker, supported by Councillor Bulson, that the Secretary-Editor discontinue forwarding reprints of the papers presented in the Section on Ophthalmology and Oto-Laryngology. That these papers be compiled, and a copy of this compilation be forwarded each registered member of the section.

Carried.

Moved by Councillor Bulson, supported by Councillor Baker, that Councillor Dodge be elected as Chairman of the Council for the coming year.

Carried.

Moved by Councillor Seeley, supported by Councillor Witter, that Councillor Bulson be elected as Vice-Chairman.

Carried.

There being no further business the Council adjourned.

F. C. WARNSHUIS, Secretary.

Minutes of Meeting of House of Delegates Michigan State Medical Society

The House of Delegates was called to order in the Masonic Temple Building, Flint, at 8 A.M., Sept. 4th, 1913, with President Sawyer presiding, and thirty-three (33) delegates responding to the roll call.

Dr. A. I. Noble, Chairman of the Committee on Credentials, reported that his Committee had received no protests as to the seating of the Delegates, and that his Committee recommended that the Delegates whose names were printed in the official program be seated.

Supported by several and carried.

On motion of Dr. Hirschman, supported by Dr. Wilson, the reading of the minutes of the last meeting were omitted.

The report of the Council as read by Chairman Dodge was referred to the Business Committee.

The reports of the following standing committees were all referred to the Business Committee.

REPORTS OF COMMITTEES

Report of the Committee on Control of Specialties

The Committee on the Study and Control of the Specialties of the Michigan State Medical Society begs to report as follows:

With the formation of the American College of Surgeons the first practical step in the direction of the study and control of the specialties has been made

It is too early to make any definite suggestions at the present time, because a number of factors must be considered. Among these appear to be important:

1. The extent of the teaching of the various branches of medicine in the undergraduate schools.
2. The opportunities furnished by post-graduate schools and hospitals.
3. The co-operation of the state medical boards in this connection.
4. The standard of qualification which is to be established.
5. The authority to grant a special license.

EMIL AMBERG, Chairman.
FREDERICK W. ROBBIN.
C. B. BURR.

Report of the Committee to Encourage the Systematic Examination of Eyes and Ears of School Children

To the President and Members of the House of Delegates of the Michigan State Medical Society:

The committee appointed to encourage the systematic examination of eyes and ears of schoolchildren throughout the state has the honor to make the following report:

During the past year there has been decided progress in the work in some parts of the state, while little or nothing has been done in other parts. The public schools in most of the large cities, as well as many private and parochial schools, are carrying out the examinations more or less thoroughly. In the smaller cities the work is progressing more slowly. Each year, however, the school authorities and teachers are appreciating more and more the importance of the work, and the opposition on the part of the parents of the scholars is growing less and less.

Because of lack of funds it has been impossible to canvass the state thoroughly. But now that the society is to allow each committee funds to carry on its work properly we shall be able to make a more detailed report at the next meeting.

Respectfully submitted,

WALTER R. PARKER, Chairman.
CHAS. H. BAKER.
WILFRED HAUGHEY.

Report of the Delegates of the Michigan State Medical Society to the Annual Meeting of the American Medical Association

Your delegates beg leave to submit the following report:

Every delegate answered roll call in every session of the House of Delegates and partook in the deliberations of that body. Three out of the four delegates being unfamiliar with the work of the House of Delegates, these three set to work early trying to inform themselves as best they could regarding the duties of their office, and also to make the largest possible acquaintance among the members of the House.

Michigan's delegates voted solidly in favor of the resolution which debarred a doctor from membership in the American Medical Association if he practiced the secret splitting of fees. It was also gratifying in discussing this question, for the Michigan delegates to be able to say that our state already has gone farther than this and enacted a state law which provides for the revoking of the license for this practice, and claiming that our state has the first honors in this movement for a cleaner practice of medicine. This announcement was met with hearty applause. Only one other state, Wisconsin, was able to report similar legislation.

At the last meeting of the House of Delegates of the Michigan State Medical Society the delegates were instructed to work for the election of Dr. V. C. Vaughan as president of the American Medical Association. The delegates are glad to report that Dr. Victor C. Vaughan, Sr., was duly elected president of the national body.

While many factors entered into the result of this election, such as the support of former students of Dr. Vaughan now living in other states, and the wide popularity of the candidate among the profession at large, we cannot refrain from bringing to the surface the effect derived from the many favorable acquaintances of our own genial secretary and the applause-producing address of our Upper Peninsula delegate in his nominating speech.

Dr. Vaughan had as competitors four men ranking among the strongest in America, but was elected by a handsome majority.

The state delegates wish to report that the House of Delegates of the American Medical Association is politically so clean that any attempt at unfairness or stealth was promptly crushed, no matter how prominent were the promoters. Both the retiring president, Dr. Jacobi, and the present incumbent, Dr. Witherspoon, had no consideration whatever for anything not absolutely straight and clean. The reference committees did magnificnt work and invariably were upheld in their decisions by the unanimous decisions of the House.

We wish here to most emphatically state that the American Medical Association is managed by the representatives from the various states and is not dominated over by any few individuals, and that any measure or individual with merit or worth can gain recognition.

The delegates feel that they have been honored by their state in being sent to take seats in this body of the American Medical Association, and that even many valuable papers were willingly missed in order to attend to the legislative affairs of our national organization.

E. T. ABRAMS,
C. E. BOYS,
L. J. HIRSCHMAN.
F. C. WARNSHUIS,

Report of the Committee on Public Health Education

Our special appeal through THE JOURNAL and by direct communication with each county society to keep in touch with grange societies, churches, federated clubs and schools has been instrumental in concerted action for better understanding of hygienic laws by the people. The demands for public speakers on health and for health literature has materially increased during the last year. In the larger cities of this state, such as Detroit, Grand Rapids, Kalamazoo, Lansing, Jackson, Muskegon, Manistee, Saginaw, etc., much has been done with existing societies for the betterment of its citizens by concentrated effort in direct lines, as in the milk question; each city publishing its plan of action has caused other cities to strive for the best. The medical inspection of schools has been carried on in some form in each of the cities mentioned, and trained nurses have worked with the schools; if not directed primarily by the Board of Health they have accepted dictation from the board, even though directly financed and governed by the community. The churches throughout the state have not only responded to Governor Ferris' request for a Public Health Day, February 9, but the legislature has put on our statute books the most sanitary laws this state has ever known. Every woman's club throughout the state has observed special days nearly every month on some division of the health work; have kept the subject of pure water and pure milk constantly before the people, and have aroused concerted action in regard to clean, healthy meat for human consumption. The effort for proper protection of other foods from flies and dust and other possible contamination has been universal, and no county of the state has been so isolated that the physicians have not met with the request for talks on health subjects before churches, women's clubs, granges and for popular lectures. The physicians have ably responded in person or directed the securing of specialists on subjects desired.

As a case in point, a local physician of my home town was requested to give a talk on eugenics before the Noon Bible class of a prominent church. Dr. Frank Lydston of Chicago was recommended instead of the local physician Result: Church filled to its utmost capacity with an audience of it least 1,200 thoughtful men and women.

This is but one instance, for every church has called on physicians, both local and specialists, to instruct the people. Mothers' and fathers' clubs have been organized at all schools with phenomenal attendance. Some of the most original reports have come from communities where medical societies held meetings perhaps but quarterly.

The A. M. A. Public Health Committee has introduced the competitive plan of better babies by suggesting that each physician have his families keep score cards of children from birth, and a competitive examination of all children of the community, at least twice a year, be held, that defects of all children might be noticed and corrected in early childhood.

In a bulletin issued by Julia C. Lathrop, chief of the Federal Children's Bureau, in the nature of a report of what American cities are doing and can do to prevent infant mortality and high death rate under 5 years of age, it is shown that the efforts of health officials in the last ten years have resulted in reducing the general death rate of cities below that of rural districts and villages. This bulletin, with its plan for successful baby saving, should be in the hands of every physician, who shoulld enlighten the community as it needs.

The work of investigation being done by Miss

McKinley, under the direction of the State Board of Health, is greatly commended, and the community which is so fortunate as to secure her reports will have new incentive to accurate work.

The Health Car which is to travel about the state, directed by the State Board of Health, will bring many new ideas to the people which can be emphasized for their benefit. The people are fully alive to the subject of health and need the guiding hand of the medical profession. It is not necessary to count the number of an audience, for it is usually the capacity of the audience room.

We desire to call the attention of members of the State Medical Society to the general plan of public health organized at the meeting of the A. M. A. and unanimously passed by the House of Delegates June 10, 1909, and to further development of that work June, 1911, when the following resolution was passed by the A. M. A. Council:

"Whereas, The work of the Public Health Committee is of great service to the community in lessening disease, and stands for the work in which the American Medical Association is interested, and the Council on Health and Public Instruction reasoned that the state and county medical societies co-operate with the Committee on Public Health of the American Medical Association, and make the state chairman of the American Medical Association committee a member of the county public health committee in those counties and states where such committees exist."

In November, 1912, the resolution was sent by Dr. Frederick Green, secretary of the Council, to the secretary of each state medical society, and also published in the Michigan State Medical Journal, asking their co-operation.

We have hoped by this plan to reach every section of our state and organize definitely outlined work, and co-ordinate the work of individuals and the state to systematize the work of the county societies. By this concerted combination we receive the benefit of the experience of similar committees in other states, and through the same channel will share its own success; each committee will be able to stimulate interest when needed and reach even the remotest corners of the state. (See *Jour. A. M. A.*, June 21, p. 2008.)

1. Whereas, we suggest that books on sanitation and hygiene be placed within the reach of all by means of rest rooms and traveling libraries.

2. That speakers be secured for series of talks in each community, and especially that instruction be given our foreign population on feeding and care of infants.

The report of Julia C. Lathrop, chief of the Federal Children's Bureau, should be a text for each county society. The bulletin describes a successful campaign of Care of the Infant, Inspection of Milk Supply, Necessity for Visiting Nurses in Communities, Prenatal Care of Expectant Mothers, Pure Water Supply, Cleanly Protection of Food, especially examination of animals slaughtered for food.

It is necessary that in every community the physician be in close touch with all public health movements and direct them in a scientific and sanitary manner with existing working forces for the benefit of all the people.

FRANCES A. RUTHERFORD, M.D.,
Chairman.
CLARA M. DAVIS, M.D., Secretary.
JEANNE SOLIS, M.D.
BLANCHE EPLER, M.D.
ANNIE ODELL.

Report of the Committee on Fee-Splitting

Owing to unforeseen circumstances a report of the Committee on Fee-Splitting was not submitted at the last meeting of the State Medical Society.

Since that time the supremacy of righteousness has become manifest both inside and outside of the medical profession, helping to make that form of graft called fee-spliting odious and illegal. This and the educational campaign against the evil which has been waged, has assisted in curtailing the work and making brief the report of your committee.

Within the past year definite action, which especially concerns us, has been taken by the American Medical Association and the Michigan State Legislature.

The American Medical Association for years in one section of the "Principles of Medical Ethics" has condemned the giving or receiving of commissions.

At the last session of that association at Minneapolis a prohibitive resolution was passed, making the forfeiture of membership a penalty on those found guilty of fee-splitting.

The Michigan State Legislature at its last session, made this and allied forms of graft offenses. Senate Bill 489 has the following pertinent wording. (Section 3, Subsection 6.)

"The board of registration of medicine may refuse to issue or continue a certificate of registration or license . . . to any person guilty of grossly unprofessional and dishonest conduct. These words, 'unprofessional and dishonest conduct,' as used in this act, are hereby declared to mean . . . employing or being employed by any capper, solicitor or drummer, for the purpose of securing patients . . . or the division of fees in a consultation or a reference of a patient to a specialist, when no actual professional service is rendered by the physician referring the case, without the knowledge of the patient or the person concerned in the payment thereof."

To your committee it seems fitting that the Michigan State Medical Society should forthwith put the stamp of disapproval and condemnation also on this form of division of fees which has brought shame on the splendid body of medical men in our state.

We, therefore, offer the following resolutions for adoption:

Resolved, That any member of the Michigan State Medical Society found guilty of secret fee-splitting or of giving or receiving commissions shall cease to be a member of the Michigan State Medical Society.

That there may be a full understanding as to the breach of ethics and illegality—not to mention moral turpitude—involved in fee-splitting, your committee recommends:

That the secretary of the State Medical Society be directed to call the attention of the secretaries of the county societies of the state by circular (1) to the state law governing fee-splitting, (2) to the recent action taken by the American Medical Association touching this subject, and (3) to any action which the Michigan State Medical Society may take on the resolution offered by your committee; the circular to be accompanied by a request that it be presented at one of the meetings of the society to whose secretary the circular is sent.

The committee also recommends that the secretary of the state society be instructed to send printed forms to the secretaries of each county on which the members of the county societies may voluntarily pledge themselves to neither give nor receive secret commissions in the future touching their professional services in any form, irrespective of existing laws.

A further recommendation is made by the committee that in case the resolution offered be adopted, publicity of the action of the state society be given in the newspapers of the state by its secretary, that the public may know that the form of graft covered by

the resolution does violence to the sense of justice and right which is held by men who have been drawn to a profession which looks for the most unselfish service to the sick and afflicted, and who abhor any scheme for commercializing the sufferings and ills of humanity.

Lastly, your committee assumes that the medical schools of the state have instructed, or will instruct their student body as to the evils of fee-splitting, in connection with other principles of ethics, that wrong, not ignorantly, but right, intelligently, may be done when they enter the ranks of the medical profession.

C. B. STOCKWELL.
J. G. R. MANNING.
G. C. GRAVES.

Report of the Committee on Legislation and Public Policy

Your committee begs to report as follows:

The amendments to Section 3 involve the *qualification* and *discipline* clauses of the act. Minimum standards of preliminary and medical education were established, the former involving, as a minimum, the credential of a diploma from a recognized high school, or an equivalent secondary institution, and the latter involving, as a minimum, a four-year course of at least eight months in each separate year, in a recognized medical college.

In the schedule of medical subjects for examination, diagosis was substituted for practice of medicine, and materia medica and therapeutics are eliminated, but authority is given the board to add such subjects as it deems necessary from time to time.

The wording of the qualification clause emphasizes the fact that qualification for license is not a *group* proposition, but rather as *individual one*. The reciprocity clause of this section has been simplified, the term "reciprocity" being substituted by "endorsement"—a better term, from the fact that reciprocity conveys the idea that a *group* proposition is involved, or that a state entering into a reciprocal agreement with another state must accept its whole licentiate product, regardless of quality. The so-called reciprocity clause also provides that the board may accept a qualified licentiate from another state, even if such state does not reciprocate the action of the board, provided the licentiate in question fulfils the Michigan requirements at the date of his medical diploma and license.

A subdivision of Section 3 provides for the registration of the various cults and treatment specialists not authorized by law in this state who desire to practice a system or treatment of human ailments or diseases, and who do not in such treatment use drugs or medicines, internally or externally, or who do not practice surgery or midwifery under the provision of the medical act. It requires a chiropractor, a mechanotherapist, a neuropath, and cults of like nature, to be subject to the board's regulations covering moral and ethical character, discipline and registration with county clerks; and, in addition, it requires them to possess a diploma from a recognized high school, and also provides that they shall pass an examination before the board on the subjects of anatomy, histology and embryology, physiology, chemistry, bacteriology, pathology, hygiene and public health, of a grade equal to that required of practitioners of medicine. It is further provided that a practitioner, under the law, shall not be permitted to use in any form the title of "doctor" or "professor," or any of their abbreviations, or any other sign or appellation to his or her name, which would in any way designate him or her as a physician or surgeon qualified under the provisions of the act as a medical practitioner. All persons granted certificates of registration under the above provisions must also conform to all the provisions of the medical act, except the qualifying clause as applied to physicians.

The following exemption amendment has also been adopted:

"Provided, that all practitioners described in Section 3, Part 3, who have been granted a diploma by a college incorporated for the purpose of teaching their method of treatment, and who file with the State Board of Registration in Medicine, prior to Oct. 1, 1913, an affidavit stating that they have practiced in the State of Michigan for a period of two years prior to Sept. 1, 1913, shall be registered and authorized to practice without examination, under the provisions of Section 3, Part 3, of this act. A fee of five dollars ($5.00) must accompany each application for registration under this provision."

The discipline clause of the act has been added to and strengthened by providing for the cancellation of the certificates of those medical men who have professional connection with any person, firm or corporation who advertises contrary to the provisions of the act, or who is guilty of a division of fees in a consultation or a reference of a patient to a specialist, when no actual professional service is rendered by the physician referring the case, without the knowledge of the patient or the person concerned in the payment thereof, or of those physicians prescribing or giving away any substance or compound containing alcohol or drug for other than legal and legitmate therapeutic purposes.

Section 7, or the penalty clause, has been amended by adding to "any person who shall practice medicine or surgery in this state" the following: "or who shall advertise in any form or hold himself or herself out to the public as being able to treat, cure or alleviate human ailments or diseases, and who is not the lawful possessor of a certificate of registration," etc.

Section 8 was amended by the necessary exemption to osteopaths and optometrists, whose present acts exempt them, and to chiropodists who confine their practice to chiropody and who do not use the title of "doctor" or "professor," or any of their abbreviations, or any other prefix or affix in a medical sense to their names, and to persons who confine their ministrations to the sick or afflicted to prayer and without the use of material remedies.

Section 9 covers the definition of the term "practice of medicine," as follows:

"The term 'practice of medicine' shall mean the actual diagnosing, curing or relieving in any degree, or professing or attempting to diagnose, treat, cure or relieve, any human disease, ailment, defect, or complaint, whether of physical or mental origin, by attendance or by advice, or by prescribing or furnishing any drug, medicine, appliance, manipulation or method, or by any therapeutic agent whatsoever."

This definition is sufficiently broad, not only to include all forms of cult practice in vogue at the present time, but all possible cult propositions in the future.

The osteopaths and optometrists amended their respective acts in the last legislature, but as these amendments covered simply advanced requiremnts for registration, opposition to their bills was not thought either necessary or practicable.

In securing the above legislation your committee desires to record its appreciation of the services rendered by a few of those more directly connected with the successful passage of the amendments, viz: Governor Woodbridge N. Ferris, for his helpful, though always fair and impartial attitude toward medical legislation; the health committees and several other members of the House and Senate; Dr.

W. H. Sawyer, president; Dr. W. T Dodge, chairman of the Council, and Dr. Bret Nottingham, chairman of the Legislative Committee of the State Board of Registration, together with other members of that committee.

EDWARD T. ABRAMS, Chairman.
GUY L. KIEFER.
A. M. HUME.

August 9, 1913.

Reports of Committee on Tuberculosis

All students of tuberculosis agree that two of the most important factors in the reduction of the death rate are the segregation of advanced cases and the diagnosis of early cases. A difference of opinion exists as to which of these two factors is the more important.

Some of our most competent observers believe that patients in the early stages who are up and about, perhaps attending to their daily duties in a factory or store, are more dangerous to a community than far advanced cases which are largely compelled to remain at home.

But all agree that the diagnosis of early cases is a most important matter, on which the entire tuberculosis campaign rests for its solution.

The institutional care of cases, the segregation of advanced ones, trained physicians and nurses, dispensary treatment, support of the family while the bread-winner is undergoing treatment, and all the important measures of the antituberculosis campaign presuppose the diagnosis of cases in the early stage of the disease. The more thoroughly this is done the more effective will be the entire campaign and the sooner will we get rid of the scourge.

When we consider the economical loss to a community from failure to diagnose early cases, that every third death during the working period of life is caused by pulmonary tuberculosis, and that every other workman who becomes incapacitated owes it to this disease, the importance of an early diagnosis is realized.

Incipient tuberculosis as a clinical entity is the product of recent years, and a large proportion of physicians, especially of the older practitioners, received no instruction in its diagnosis during their student days. Even at the present time thorough teaching of the modern methods of diagnosing these cases is still much neglected in the medical schools. The result is that a large proportion of physicians at the present time are not diagnosing incipient tuberculosis.

Even a great number of moderately advanced cases pass through the hands of several physicians before a diagnosis is made in spite of the fact that most of them are daily expectorating large numbers of tubercle bacilli and that free examinations of sputum are made not only by our State Boards of Health, but also by the boards of health of a considerable number of cities and towns of the state, without charge. Even without an examination of sputum a diagnosis of the large majority of these cases is not difficult and any physician who will take the necessary care and time will seldom fail to arrive at a correct conclusion.

How often, however, are such examinations made without even removing the clothing from the chest of the patient!

The diagnosis of incipient tuberculosis is a more difficult matter, and mistakes are often made by even the most experenced diagnosticians, in private practice as well as in special dispensaries. The patient, however, should always be given the benefit of any doubt that may exist and be treated as tuberculous until time shows that such is not the case. It is far better to treat a hundred patients for tuberculosis, every one of whom is probably in such a state of health as to be benefited by the treatment than to overlook the true condition of one patient until the possibility of recovery is gone.

No harm has ever resulted from sending a patient to a sanatorium with a mistaken diagnosis.

In view of such facts your committee feels justified in calling to the attention of this society the fact that only a beginning has been made in the campaign for stamping out tuberculosis, and that the medical profession must more deeply realize the great energy and intelligenc it must display in the recognition of the early signs of this disease. As a rule physicians do not attach enough importance to the early symptoms. Too often diagnoses are delayed until definite physical signs appear in the lungs or tubercle bacilli are found in the sputum.

The most important factor in decreasing the death rate from tuberculosis is expressed in two words—*early diagnosis.* But this will not be brought about until physicians learn that diagnosis must be made before the open stage is reached.

The reporting of cases is most necessary, but all cases must be diagnosed before they can be reported.

We must learn to consider loss of weight, of strength, or a pulse of 90, an afternoon temperature, blood-spitting, pleurisy or a cough, as always being possible and very often positive symptoms of active tuberculosis. And if the symptoms are persistent and progressive, and no other cause can be found for them, the patient should at once be treated as tuberculous.

A positive tuberculin reaction does not necessarily indicate active disease, but it does indicate an infection and warns the individual to take special precautions against the development of active disease.

The existence of tuberculosis is frequently denied because *negative* bacterial findings are reported. Even in advanced cases however, tubercle bacilli are often not found. One examination of a patient is often not enough. In fact, it may take several examinations and a considerable period of time to arrive at a correct conclusion. A careful consideration of the clinical history and careful examination of the chest are most important in making a diagnosis.

A most important measure for the relief of a large class of advanced cases of disease, and which is more effective than any other, is that of the production of artificial pneumothorax. From reports of a large number of cases treated by various men in the last two or three years it would seem that many cases previously considered hopeless have been greatly benefited and the disease frequently arrested by the injection of nitrogen into the plural cavity. The treatment is of advantage not only in advanced cases of tuberculosis, but in abscess of the lung, bronchiectasis, severe hemoptysis that does not respond to other forms of treatment, and in cases of pleural effusion, after the removal of the exudate, for the purpose of preventing adhesions.

Coincident with an infection of the body with tubercle bacilli there develops a resistance called immunity. Immunity does not indicate what we formerly thought, an impossibilty for the organism to become infected, but constitutes a resistance to the development of disease. The aim of all treatment of tuberculosis is to increase this resistance, and the artificial immunization of animals and human beings against tuberculosis has long been one of the most interesting problems in the study of the disease. Animal experimentation shows that artificial immunization is possible, and when tuberculin was first discovered by Koch it was supposed to be the long-looked-for agent with which tuberculosis could be cured.

Koch's tuberculin is a preparation made from dead

bacilli. But Baldwin in discussing the subject recently stated that one fact has been definitely proved and that is the superiority of living bacilli over all preparations of dead bacilli for protective inoculation. Webb and William have produced immunity in animals by gradually increasing the number of living bacilli, and Theobald Smith states that the use of living bacilli is the most certain way of increasing the output of anibodies.

Knowing on what principles his treatment was probably based, the medical profession had some grounds for optimism in regard to the treatment proposed by Friedmann before the Berlin Medical Society last year. But the methods of the man were such as to excite immediate distrust and the results have justified their suspicion, for Friedmann has utterly failed to substantiate his claims either in this country or abroad, and his work is now discredited wherever it has been investigated.

The finishing stroke was administered by the New York City Board of Health, which closed up the Friedmann Institute by adopting a resolution on May 29 providing for the official supervision of immunization with livng bacteria, and stated that "the use of living bacterial organisms in the inoculation of human beings for the prevention or treatment of disease shall be and is hereby prohibited in New York City until after full and complete data regarding the method of use, including a specimen of the culture and other agents employed therewith, and a full account of the details of preparation and dosage and administration, shall have been submitted to the Board of Health, and until permission shall be granted by the board for the use of the same.

"The injection or treatment of human beings within the city of New York with the F. F. Friedmann treatment is hereby prohibited."

Approximately 130 cases were treated by Friedmann at Bellevue, Mt. Sinai and Seton hospitals and the Montefiore Home, and a letter to a member of your committee from one of the physicians in charge of these cases, but who did not wish to be quoted, states: "For your own personal information I will be glad to say that my impression is that there is absolutely no value in the Friedmann treatment, and that in pulmonary cases it is possible it may do harm. The reports in regard to the benefit in joint and bone cases were premature and are not supported by subsequent results."

The results of the 161 cases treated by Friedmann in Canada were equally disappointing, and resolutions adopted by a committee of five from the Canadian Association for the Prevention of Tuberculosis states that the cure or progress towards cure claimed by Friedmann for his treatment has neither constantly nor even frequently taken place; that the committee finds the results disappointing, and that the claims made for his remedy have not been proved, and that nothing has been found to justify any confidence in the remedy. And yet a physician of Grand Rapids, who is a member of this society, is informing patients who consult him that Friedmann has already been in the city for the treatment of patients and will return again shortly for the same purpose. A member of your committee knows of at least one advanced case, whose days on earth are numbered, who was urgently advised to return and take the treatment.

Friedmann sailed for Berlin on the Kaiser Wilhelm der Grosse the latter part of June, and it is not likely that he will be seen again in this country. "If one-half of the stories which I have heard," writes Dr. Knopf, "of his mercenary methods are true, it would be enough to condemn him forever and make him a disgrace to our profession."

It is quite possible, however, that the method of Friedmann of injecting living avirulent bacilli without setting up any severe reaction may be a step in advance in the treatment of tuberculosis.

A careful survey of the knowledge we already possess points to the fact that tuberculosis can be controlled by the processes of artificial immunization, and it is probable that before many years some patient investigator "without money and without price" will give to the world a simple method of treating tuberculosis which will effect a cure in all but its latest stages

COLLINS H. JOHNSTON, Chairman.

The following nominations were made for the membership of the Nominating Committee: Drs. Williams, Brook, Ricker, Haughey, Marshall, Inch, Stewart, Hornbogen, Davey, and Walker.

Dr. Hirschman moved, supported by several, that the five members receiving the largest number of votes on the first ballot compose the personnel of the Nominating Committee.

Carried.

Upon ballot, Drs. Walker, Hornbogen, Brook, Ricker, and Davey, having received the largest number of votes, were declared elected members of the Nominating Committee.

The following amendment to our By-Laws was introduced and referred to the Business Committee:

Chapter IX, Section 10:

Strike out the word "June," and insert in its stead "April"; the sentence to read: "Members in arrears after April 1 shall not be entitled to defense for any suit, the cause of action of which arose while in arrears, and any member sued or threatened before the society, or before the organization of the Medico-Legal Fund, must pay the actual cost of defense in such suit."

By-Laws—Chapter XI, Section 1:

Add to the section: "Such dues and assessments shall be remitted to the secretary of the State Society on or before April 1 of each year."

The President appointed the following Business Committee: Drs. Hirschman, Danforth, Inch, Williams, and Marshall.

Upon motion the meeting adjourned to reconvene at 8 o'clock, Friday, Sept. 5th.

F. C. WARNSHUIS,
Secretary.

SECOND SESSION OF HOUSE OF DELEGATES MICHIGAN MEDICAL SOCIETY

The House of Delegates convened in regular session in the Masonic Temple, Flint, Sept. 5th, 1913, at 8 A.M., with President Sawyer presiding, and thirty-six (36) delegates answering to the roll call.

The minutes of the previous session were approved as read by the Secretary.

BUSINESS COMMITTEE

The following report of the Business Committee was read by Chairman Hirschman:

"Your Business Committee had referred to it the reports of the various committees, which were read by title, and are unanimously concurred in. These reports were as follows:

1. Report of the Committee on Legislation and Public Safety.
2. Report of the Committee on Fee-Splitting.
3. Report of the Committee on the Study and Prevention of Tuberculosis.
4. Report of the Committee to Encourage the Systematic Examination of the Eyes and Ears of Schoolchildren Throughout the State.

5. Report of the Committee on Medical Education.
6. Report of the Committee on Veneral Prophylaxis.
7. Report of the Delegates to the American Medical Association.
8. Report of the Committee on Specialties.
9. Report of the Committee on Public Health Education.

We also had referred to us the report of the Council, and we desire on behalf of the Society to commend the excellent work of the Council, and the excellent work of the Secretary. The report shows the Society is in a flourishing condition, and the Committee believes that the House should be greatly flattered on having such a report presented to it.

The report of the Council recommended Dr. John B. Roberts of Philadelphia, and Dr. Miles F. Porter, of Fort Wayne, as non-resident honorary members. Your committee recommends that they be elected to honorary membership.

Included in the report of the Council is the report of the accountant who went over the books. Your committee recommends that the report of the auditor be included in the reports, but inasmuch as we have had protests on some of his comments, and as there is a question as to the justice of some of these comments, your committee does not offer any recommendation one way or the other. Because of the shortness of time, and the fact that certain things would have to be investigated, we recommend that the comments of the accountant should not be published with the formal report.

The Business Committee feels that it is very desirable that the books be audited each year, and commend the establishment of a system on the basis on which the work has recently been carried on."

Moved by Dr. Haughey, supported by Dr. Davey, that the report of the Business Committee be accepted and adopted.

Carried.

NOMINATING COMMITTEE

Dr. F. B. Walker presented the following report of the Nominating Committee:

"To the House of Delegates of the Michigan State Medical Society:

Gentlemen:

Your Nominating Committee would respectfully recommend the nomination of

H. E. Randell, Flint, as First VicePresident.

C. E. Taylor, Jackson, as Second Vice-President.

E. H. Webster, Sault Ste. Marie, as Third Vice-President.

R. H. Spencer, Grand Rapids, as Fourth Vice-President.

Delegate to A. M. A. to succeed himself, E. T. Abrams, Dollar Bay; Alternate, A. D. Holmes, Detroit.

Alternate to Secretary, A. W. Hewlett, Ann Arbor.

As members of the Council:

A. E. Bulson, to succeed himself in Second Dist.

A. L. Seeley, to succeed himself in Eighth Dist.

B. H. McMullen to succeed himself in Ninth Dist.

R. S. Buckland, Baraga, to succeed C. J. Annis of the Soo.

To your honorable body we would recommend Lansing as the next place of meeting. All of which is respectfully submitted.

FRANK B. WALKER, Chairman.
O. L. RICKER,
A. W. HORNBOGEN,
B. M. DAVEY,
J. D. BROOK."

Moved by Dr. Kiefer, supported by Dr. Brook, that the report of the Nominating Committee be accepted.

Carried.

Moved by Dr. Brook, and supported by Dr. Vaughan. that the Secretary cast a ballot of the House of Delegates for the nominees of the Nominating Committee; for Lansing as the place for holding the next meeting, and for the delegates and alternate delegates to the next session.

The motion was carried, and the Secretary did so cast, whereupon the President declared their election.

Dr. Davey, of Lansing, gave the following notice:

To give Notice:

To amend such articles of the Constitution and By-Laws as are necessary to abolish the Council and establish a Board of Directors to control the intercession of business of the Society, the election of the officers, except President, being returned to the House of Delegates.

Dr. L. J. Hirschman offered the following amendment to the By-Laws:

Chapter III, Section 4:

Insert before the word "No," in line one, the following: "No member shall present more than one paper at any annual meeting."

Under the rules these amendments lie over until the Annual Meeting in 1914, and will be referred to the Business Committee of that meeting for consideration and report.

Delegate Wilson introduced the following resolution:

Resolved, that in order to advance precision in drug therapeutics which is lost by variable preparations, the Michigan State Medical Society requests that manufacturers date all their preparations as is done in the case of vaccines and sera, as to the time of manufacture and the limit of potency, and

Resolved, that in view of the lack of knowledge of the period of drug potency, our delegates to the American Medical Association be instructed to use their influence to have such an investigation conducted by the Council of Pharmacy and Chemistry, and;

Resolved, that we suggest to the various pharmaceutical associations the making of a careful study of drug deteriorations, and;

Resolved, that we ask the individual druggists to keep all potent preparations from exposure to light and access to air.

Upon motion of Dr. Danforth, supported by several, the above resolution was adopted

Dr. Wilson called attention to the Maine Narcotic Law, and moved that a copy of this law be referred to the Committee on Public Health and Education for consideration and report at the 1914 annual meeting.

Supported by several and carried.

Upon motion the meeting adjourned *sine die.*

F. C. WARNSHUIS, Secretary.

MINUTES OF THE FIRST GENERAL SESSION

The first General Session of the Michigan State Medical Society was called to order in the auditorium of the Masonic Temple, Flint, on Thursday morning, September 4th, 1913, at 10 A.M., by President Walter H. Sawyer.

The audience arose while the Rev. Jones of Flint pronounced the invocation as follows:

Almighty God, Our Father in Heaven, we look to Thee for Thy benediction upon us as we gather today in this convention, thanking Thee for the revelations of Thyself which Thou has made to us in the world, thanking Thee for the powers which have come to us in Thy providence, thanking Thee for the advancement that has been made in science and in learning, thanking Thee that we can think Thy thoughts after Thee. We pray Thy blessing upon this gathering of men as they are here for a few days to consider together the great interest of medical science. We thank Thee for the revelations which Thou hast made, for the advancement which already has been made for the alleviation of suffering and for the prolongation of life and for the blessings that have come to the human race because of the study and advancement in medical science. And we pray, Our Father, as these men shall return to their homes and their practices. that there may come some new thought or some new effort or some new consideration or some new knowledge that may make them more efficient in the work to which Thou hast called them and make them acknowledge more and more the spirit of the great Father who came not to be ministered unto, but to minister. and to give his life even a ransom for many. We ask it in His name, Amen.

The President then introduced Mr. C. S. Mott, Mayor of Flint, who delivered this address of welcome on behalf of the City of Flint:

Mr. President, Ladies and Gentlemen: If ever I was sorry that I was not gifted with the easy flow of speech it is this time, because with such an intelligent and representative body of men as is before me now I feel that they should have an address of welcome which is far beyond anything that I could possibly give; but, on behalf of the citizens of Flint, I certainly extend the most hearty and the most cordial welcome to you all and hope that you will all have a most pleasant and enjoyable time here, and that the work will be profitable during your stay in this city. Some one said it was too bad that the town was dry at this time, but I have never known that to be any handicap to a doctor as long as he had a pencil and a piece of paper. (Laughter)

In Flint we are all proud of our city. I think we can be excused for that. We have a good hotel and theater, we have the Oak Grove Sanitarium, M. S. D.; we have good schools; we are well equipped with a post-office and public library; we have this beautiful Masonic Temple; the ground has been broken and work commenced erecting an Elks' Temple; we have a Y. W. C. A.; we have raised over a hundred thousand dollars for a Y. M. C. A.; we have a hospital which I think is a model institution; it does not spread out as much as we would like to see it, but we hope in time it will grow and take in things that it does not cover at the present ime; we have just completed our new pumping station and filtration plant, whereby we hope to give the citizens of this city some first class water, which is a necessity in every city; we have started a campaign here of providing adequate sewerage. also paving.

When Dr. Dixon of the State Board of Health was over here some time ago he mentioned the fact that Flint City was at the top of the list of cities of this state from a health standpoint, the lowest number of deaths I think of any city in this state. I read in the paper the other day that for the past month we stood about third; at the same time he called our attention to some matters that I certainly had never thought of in just that light, (and I do not know whether he has made the same remarks so generally or not that you all have heard them), but they were along this line, that while the health of the citizens of any place is the most important and greatest asset that we have and should be safeguarded and protected in every way possible, still the people generally seem to spend more money in the protection of other things. Now, for example, he called attention to the fact that for every thousand dollars of assessed valuation, in this city the tax is $19; for the protection of property from fire, of that nineteen dollars $1.60 is spent, about one-tenth; for police protection about 80 cents; for health protection, or the allotment for hospital work and all that sort of thing, 19 cents. Now, that is a very small amount, and in view of the importance of the health of the citizens of this country he indicated that we should spend more time and more money in the preservation of this health, and that is a point that I want to bring up here and leave with you. I hope that this society will do everything that it can to agitate these matters as much as possible and bring them before the municipalities for the protecrion of health as he mentioned, and certainly here in this city, why, we are looking for the best, and any question of that sort will have our hearty support. (Applause.)

The following address of welcome from the Genesee County Medical Society was delivered by Dr. Noah Bates, President of the Genesee County Society:

Mr. President, and Members of the Michigan State Medical Society, Ladies and Gentlemen: On behalf of Genesee County Medical Society I extend to you a hearty welcome to the City of Flint. Genesee County Medical Society will spare no pains in making it pleasant for you during your stay in the city, and I am sure that this meeting will be a very profitable and instructive one to all of us, and that every physician present will be better prepared afterwards to treat and care for his patients.

I welcome you to a healthy city, where the sanitary conditions are good, brought about by the persistent efforts of the Health Department and the city officials with the cooperation of its citizens. The death rate in the city has recently been as low as six per thousand in some months, and for the past year there has been but a very few communicable and other acute diseases.

Now, if any of you should be so unfortunate as to become ill while you are in the city the ambulance will be ready to take you to one of the best equipped hospitals of this country where you will be nursed and cared for by a corps of nurses that cannot be excelled in training under the instructions of as capable a superintendent as can be procured.

Mr. President, it is a pleasure and a satisfaction to me to state that Genesee County Medical Society is composed of 87 per cent of the active practitioners in the county, with very good prospects of securing the remaining 13 per cent. A fine spirit of harmony characterizes all our meetings and prevails among the members in the practice of their profession.

Once more in behalf of our County Society I welcome to the City of Flint the State Society, its guests and visitors. The name "Flint" sounds very hard and dry, but you will find at least plenty of soft drinks here. (Applause)

President Sawyer responded as follows:

For the State Medical Society and its distinguished guests I assure you of our grateful appreciation of your cordial welcome. It is a pleasure to be with you in your beautiful city. Would that the enterprise for which you are famous could be manifested in every locality and in all causes which make for betterment. We shall know you better, and you what we are doing, and profit by the experience and relationship This gathering will be a helpful and inspiring influence along the lines of our interests and efforts. Your interest and ours are mutual and we are confident of your co-operation in the things we are trying to do. Arrangements for our meeting have been most complete and satisfactory. We have every reason to be glad we came. May the years bring us into closer and closer sympathy in our common purpose.

Dr. H. E. Randall of Flint, Chairman of the Committee on Arrangements, outlined the several plans that had been made for the transaction of the business of this Annual Meeting and for the convenience and entertainment of the members and visiting ladies.

The report of the House of Delegates was made by the Secretary.

The President then called Third Vice-President Dr. Osborne of Lansing to the chair during the deliverance of the President's Annual Address. (This address and discussions that followed will be found on another page of THE JOURNAL.)

The President's address was discussed by the following invited guests: Hon. Perry F. Powers of Cadillac; Hon Milo D. Campbell, of Coldwater; Judge Claudius Grant of Detroit; and Prof. Wm. C. Hoad, of Ann Arbor.

Under the head of Miscellaneous Business Dr. Brett Nottingham of Lansing introduced the following resolution and moved its adoption:

RESOLUTION.

"Whereas, Act Number 10 of the Public Acts of the Extra Session of 1912 provides that the Michigan Industrial Accident Board shall have supervision over the charges made by the physicians for the services rendered injured employees in the State, and

Whereas, the Michigan Industrial Accident Board regards as advisable the establishment of a schedule of fees, covering this class of service, and

Whereas, the physicians of the State can with much more fairness and with more probability of

securing the universal adoption of said schedule of fees, establish this standard of charges, than could the board of laymen,

Resolved, that the President of the Michigan State Medical Society appoint a committee of five for the purpose of establishing a schedule of fees for the surgical care of those injured employees who come under the Workingman's Compensation Law, and be it further

Resolved, that this Committee confer with the Industrial Accident Board and various claim adjusters of this State with a view of securing as far as possible a harmonious and equitable adjustment of this matter and report the results of their labors through the columns of THE JOURNAL of the Michigan State Medical Society."

It was supported by Dr. Tibbals of Detroit and Dr. Hume of Owosso, and duly carried.

The President appointed the following committee in accordance with the above resolution:

Brett Nottingham, Lansing, Chairman.
C. H. Hitchcock, Detroit.
C. F. Baker, Bay City.
C. T. Southworth, Monroe.
F. C. Warnshuis, Grand Rapids.

Dr. W. H. Haughey of Battle Creek, moved that a committee of three be appointed to investigate the advisability of the State Society taking some definite steps that will tend towards securing a state official whose duty shall be to prosecute all the violators of the medical practice laws of Michigan.

Supported by Dr. Davey, of Lansing.

Moved by Dr. Wilson of Detroit, and supported by Dr. Vaughan of Detroit, that the matter be referred to the Committee on Public Legislation and Policy.

Carried.

Dr. L. J. Hirschman of Detroit placed the name of Dr. Guy L. Kiefer of Detroit in nomination for President for the ensuing year.

Dr. Hirschman's speech was as follows:

Mr. President: I was one of the great many who were fortunate enough to second your nomination last year, and I have always felt that it was a privilege to do so.

I feel that the standard quality of the Presidential timber of the Michigan State Medical Society must be kept up. I hold in my hand here the program of our meeting this year and I was struck by a number of facts. When I first picked it up I thought for a moment I was in Minneapolis, that I had in my hand the program of the American Medical Association; the similarity of get-up, the similarity in arrangement, the similarity in print was very evident. As we looked at our State Journal during the last few months we have noticed how the Journal of our Society each month is more and more becoming a *facsimile* in appearance of the Journal of the American Medical Association. Our Society has been reorganized so that it is a miniature of the American Medical Association; we have our House of Delegates to transact our business; we have our Council; we have our various sections, and so on. The American Medical Association's example is a mighty good one to follow. The American Medical Association, in the van of the fight for sanitation, hygienic living and the public health this year, through a little impetus given by your delegates who were instructed to do so, have placed at the head of that association one of the greatest teachers of sanitation and public health in the world. (Applause). The members of the Michigan State Medical Society felt an honor and pride in the honor which was tendered our state when Victor C. Vaughan, Sr., was elected President of the American Medical Association.

Gentlemen, Michigan has shown the way this morning, at this meeting that has been the biggest meeting in the history of our Society. We have had a magnificent address by our president and a most magnificent discussion of it by these various gentlemen on the splendid subject, the brand new subject, which we are striving to carry out, the importance of "sanitary science," better living, teaching people how to get better, and to live better and to eliminate disease, and what is more, we should take the hints these gentlemen gave us this morning in their beautiful addresses. Every man who got up this morning, from Dr. Sawyer to the last one, made a most magnificent nominating speech for the leader of sanitary science and public health in our state; a man who combines some of the sanitary science of Prof. Hoad, combines some of the scientific attainments of our president, combines some of the eloquence of our friend, Mr. Campbell, who also combines some of the wit of our friend, Mr. Powers, and last, but not least, one who has some of the fight of Judge Grant. This gentleman, whose name I scarcely need mention, has been honored by our University by having the degree conferred upon him, the first degree of Doctor of Public Health. He has been honored by his confreres in the profession by being elected Chairman of the Section of Hygiene in the American Medical Association. It now remains for Michigan to complete the good work that has been done in the past and now being carried on, the good work of our present president by placing in charge for the next year that leader of sanitation, who has devoted to it twelve years of his life at financial sacrifice, who has "swatted the fly," muzzled the dog, has saved the babies, and has given the tuberculous hope, Dr. Guy L. Kiefer, of Detroit. (Applause)

Upon motion of Dr. Baker, supported by several, the nominations were declared closed.

President Sawyer announced that the bouquet of flowers upon the speaker's table had been placed in memory of Dr. Wilson of Flint.

Dr. C. B. Burr moved that the members arise and bow in respect to the memory of Dr. Wilson and that the Secretary be instructed to fittingly inform his family of the action taken by the Society. This was done.

President Sawyer announced that he had received a message from Gov. Woodbridge N. Ferris informing him that he would be delayed in arriving in Flint until one o'clock, and that the Council had decided to call a Special General Session for two o'clock that afternoon for the purpose of listening to the Governor's address.

The meeting then adjourned to reconvene at two o'clock.

In pursuance with the morning announcement the members reconvened in the auditorium of the Masonic Temple at two o'clock and listened to the address of Gov. Woodbridge N. Ferris. (The Governor's address will be found elsewhere in this issue.)

The meeting then adjourned to reconvene at 11:30 Friday, Sept 5th, 1913.

(Signed) F. C. WARNSHUIS,
Secretary.

SECOND GENERAL SESSION.

The second General Session of the Michigan State Medical Society was called to order in the auditorium of the Masonic Temple at Flint on Friday morning, September 5th, 1913, at 11:30, by President Walter H. Sawyer.

The minutes of the previous day's session were read by the Secretary.

The report from the House of Delegates was read by the Secretary.

Moved by Dr. Vaughan, supported by several, that the report be accepted and filed.

Carried.

Dr. Freund of Detroit, called the attention of the members to the work that had been done on the part of the *Detroit Saturday Night,* and the *Detroit Times* in their endeavor to expose the fraudulent advertisements, and moved that the members convey to the publishers of these papers our unanimous endorsement of their attitude, and to assure them of our moral support in the work that they have undertaken.

Supported by Dr. Rockwell of Kalamazoo, and caried by unanimous vote.

A letter of invitation to visit the plant of the Flint Varnish Company was read by the Secretary.

The announcement of the Committee on Nominations of the result of the ballot for president was read by Chairman Walker as follows:

"We beg to announce that 365 votes were cast for Dr. Guy L. Kiefer of Detroit for President." The chair declared Dr. Kiefer elected President for the ensuing year.

The Chair appointed Drs. Welsh and Stockwell to escort the president-elect to the chair, who made the following brief remarks:

"In thanking you for the honor that you have just conferred upon me, I want to assure you that I realize that considerable work and responsibility goes with the office. I am fully in sympathy with the spirit of progress that has made itself so manifest in all the meetings of the Society at this time, and I am particularly interested in the many good suggestions that were given out by the retiring President in his complete and very suggestive address of yesterday. I want to assure you that I will do all in my power to carry out those suggestions, and keep the Society on the level to which it has been brought, and further the interests of the Michigan State Medical Society in every way at all times that I am able to do. I thank you again for the honor conferred upon me."

Dr. Kiefer then assumed the chair.

Dr. Hirschman, of Detroit, moved that the thanks of the Michigan State Medical Society be extended first to our very efficient, courteous, and capable retiring President, for the capable way he has taken care of the Society during the past year, and the way in which he has presided over the sessions.

Also to extend thanks to the Secretary-Editor for the brilliant way in which he has filled his office; also to the profession and people and press of Flint, and the directors of the Oak Grove Hospital, for the many courtesies and kindnesses extented to us, and for the perfection of detail which has been so excellent by the committee in the handling of the present meeting of the Michigan State Medical Society, and if I have omitted to thank anybody who ought to be thanked, I wish to thank them also. This motion was carried by a rising vote.

On motion duly made and seconded the meeting then adjourned *sine die*.

(Signed) F. C. WARNSHUIS,
Secretary.

ENTERTAINMENT

THE PRESIDENT'S RECEPTION

The fete champetre given the first night on the grounds of Oak Grove hospital by the directorate of the institution in honor of President W. H. Sawyer of the Michigan State Medical Society was a brilliant success. One thousand persons, of whom 500 were physicians and their wives, attended the reception and dancing party.

Never in the history of the Michigan State Medical Society has there been a social function of such magnitude or one that even approached it for uniqueness of conception and elaborate detail of execution. The directors of the famed institution did themselves proud and the function is the subject of many compliments by the visitors today.

Fully half of the 70 acres of beautiful wooded Oak Grove were illuminated by Japanese lanterns and vari-colored electric lights. From the main entrance at Crapo and Second streets to the rear of the wooded vale at the southeastern extremity of the institution practically every tree and shrub was dotted with lights. The walks and driveway leading from the entrance to the hospital group were transformed into picturesque avenues.

IN THE RECEIVING LINE

Directly in front of the administration building a large shrub was studded with red, white and blue electric lights and the trunk of a stately tree was wound with the same decoration. By the side of this illumination the receiving line was formed. Those in the receiving line were: Dr. and Mrs. Burr and Miss Ernestine Burr, Dr. and Mrs. E. A. Christian of Pontiac, Dr. and Mrs. W. H. Sawyer of Hillsdale, Dr. and Mrs. Noah Bates, Dr. Victor C. Vaughan of Ann Arbor, Miss Dorothy Dort, Dr Wadsworth Warren of Detroit, Dr. H. E. Randall, Mr. and Mrs. C. M. Begole, Walter O. Smith and Dr. and Mrs. H. R. Niles. Several hundred persons were presented to Dr. Sawyer, the guest of honor, who is also vice-president of Oak Grove corporation, between the hours of 8 and 9:30 o'clock.

From the receiving line the guests were conducted to the refreshment tables where attendants of the hospital presided. Nearby a cigar stand was located.

All about the refreshment tables chairs were provided. There were also seats arranged along the edge of the cliff which overlooks the beautiful valley where a dancing pavilion had been arranged. The arrangement of the decoration along the cliff and of the descent into the valley was superb. A line of lanterns bordered the edge of the elevation and the shrub-covered hillside was dotted with scores of lights. Those who did not wish to dance were able to sit on the cliff and listen to the music and view the dancers. The winding stone steps leading to the valley were brilliantly lighted by lanterns suspended from bushes on either side.

The specially constructed dancing floor providing room for about 25 couples was crowded all during the evening. Wolcott's orchestra furnished the music for the long program. Punch was served at a table near the dancing pavilion.

There is no question but that the fete will be a lasting remembrance with the visitors.

In addition to the above entertainment features the members of the Flint profession were in constant evidence and placed cars at the members' disposal for rides about the city. At the hotels there could always be found one or more of the Flint doctors actively engaged in preventing any ennui on the part of a visiting member. The Flint doctors proved themselves to be royal entertainers and their solicitation for the comfort and pleasure of the members have caused those who attended this meeting to return home deeply grateful for the many courtesies extended to them.

The ladies were royally entertained at the Country Club and on Friday they enjoyed an automobile ride.

Many of the members accepted the invitation to visit the plant of the Buick Motor Co. Thursday afternoon. All in all the hospitality that was exhibited caused the members to rejoice that Flint had been selected as the city in which the 1913 meeting was to be held.

SCIENTIFIC SECTION MEETINGS.

The labor that was performed by the officers of the various sections resulted in the arrangement of sectional programs of high standard and of extreme interest. The various papers that were read elicited a large attendance at all the section meetings and evoked active and pointed discussions. At no time was there any evidence of waning interest. As these papers will be published in succeeding issues of THE JOURNAL it is not deemed necessary to further comment upon them at this time. If the standard that was established at this meeting is maintained the 1914 meeting in Lansing will draw

a large attendance, for no member can well afford to forego attendance upon these section meetings. The action of the Council in directing that the Secretary-Editor shall secure a corps of reporters to record the discussions will enable THE JOURNAL to publish and thus place before each member a copy of what is said in the discussions, will be received with approval by all our members.

MEMBERS REGISTERED IN THE 48TH ANNUAL MEETING. TOTAL NUMBER 365

ALPENA COUNTY:—C. M Williams—1.

BARRY COUNTY:—F. M. Shilling—1.

BAY COUNTY:—C. H. Baker, H. A. Bradley, R. W. Brown, J. C. Grosjean, E. A. White, H. B. Morse, F. E. Ruggles, P. R. Urmston—8.

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SURGICAL SUGGESTIONS.

The employment of narcosis in a case of "stiff and painful shoulder" may reveal a cause not otherwise ascertainable, *e. g.*, subluxation.

—American Journal of Surgery.

Vein-to-vein transfusion possesses over the artery-to-vein operation at least the advantage of sparing the donor a conspicuous scar and the loss of a large artery. With a tourniquet lightly applied to his arm the venous pressure may be made abundant, and the blood flow correspondingly rapid.

—American Journal of Surgery.

The long-used term "congenital hernia," for that variety in which the testicle lies in the sac, is misleading insofar as it suggests that all the other varieties are not congenital. Many types of inguinal hernia are congenital, perhaps all are.

—American Journal of Surgery.

In lumbar kidney operations take pains to protect the ilio-hypogastric nerve. Its division causes paralysis of a considerable area of the abdominal wall and produces a distressing pseudo-hernia. If the nerve is divided in the operation suture it.

—American Journal of Surgery.

TETANUS ANTITOXIN.—A study of statistics leaves no room for doubt that tetanic antitoxin is well worth while as a curative agent in developed cases. In its use as a prophylactic agent, it must always be kept in mind that tetanus antitoxin does not remain long in the body. Vaillard states that the protective influence in man, lasts but one to two weeks. In those cases in which the complete removal of the infectious bacilli cannot be assured, a repitition of the injection is necessary. Cases of tetanus developing some weeks after a prophylactic use of antitoxin are occasionally observed, and are undoubtedly due to the neglect of this precaution (Jour. A. M. A., Aug. 30, 1913, p 687.)

DIABETIC FOODS.—From an exhaustive examination of diabetic foods, made in the Connecticut Agricultural Experiment Station, Street and Mendel conclude that the following conditions should apply to such a product: 1. It should contain much less carbohydrate than is found in a normal food of the same class—certainly not overhalf as much. 2. The label should bear a correct statement of the percentages of protein, fat and carbohydrates present. 3. The amount of the different carbohydrates present should be declared on the label, that is, starch, sucrose, levulose, lactose, etc. 4. The processes of manufacture should be so standardized that uniformity of composition, within reasonable limits, will be maintained from year to year. 5. No statement should be placed on the label which would give the impression that any food in unlimited quantity is suitable for a diabetic patient. 6. In the advertisements of these foods emphasis should be put on the carbohydrate content rather than on the amount of protein present (Jour. A. M. A., Aug. 30, 1913, p. 687)

Small epigastric herniae, easily overlooked, are often the cause of pains in this region simulating those of stomach ulcer, gall-stones, etc. Some of these, however, consist only of properitoneal fat without any sac. The treatment of these latter by operation will not always relieve the pains for which a deeper source must, indeed, be sought.

—American Journal of Surgery.

To encourage the drainage of pus from the pelvis through an abdominal wound it is helpful to have the patient lie face downward at intervals, preferably with the foot of the bed elevated—but not until two or three days after the operation.

—American Journal of Surgery.

The kidney and upper portion of the ureter may be easily reached by the lumbar route without dividing any muscle fibers. Beginning just below the twelfth rib two or two and a half inches from the spine an incision is made downward and more or less outward to or towards the iliac crest, exposing the lumbar aponeurosis. Divide this in the same line, proximal to the origin of the latissimus dorsi. This will expose the border of the erector spinae, which may be drawn inward, the lumbar fascia and the ilio-hypogastric nerve coursing obliquely on the latter. Divide this fascia just above and external to the nerve, i.e., downward and outward, the incision being easily made to split the sheath of the quadratus lumborum. (It is desirable to bare this muscle in nephropexy.) The perirenal fat is now seen beneath, and the reflection of the peritoneum anteriorly. The appendix can be removed or the gall-bladder palpated through an opening in the peritoneum here. Through this exposure the upper ureter can be reached, or a kidney of fairly normal size delivered. It is not to be recommended for the removal of a large kidney. In closing the wound only two fibrous layers are to be sutured—the lumbar fascia (which is the posterior aponeurosis of the transversalis) and the lumbar aponeurosis.

—American Journal of Surgery.

THE MAKING OF ANTITOXIN.

Scrupulous care in the preparation of diphtheria antitoxin cannot be too highly commended. The welfare of the diphtheritic patient demands a serum from which every element of conjecture is eliminated. The antitoxin should have its origin in the blood of horses that are known to be healthy, and its manufacture should never be entrusted to the inexperienced or to those who are hampered by lack of facilities. Reference to the antitoxin laboratories of Parke, Davis & Co. may be pertinent in this connection. The writer had the pleasure of inspecting them not so very long ago. The visit was in the nature of a revelation. Parke, Davis & Co. maintain a large stock farm, equipped with model stables, twenty miles or so from Detroit, hundreds of feet above the river level and far from the city's smoke and dust; and here, under the care of expert veterinarians, are kept the horses used in serum production. The laboratories in which the antitoxin is prepared, tested and made ready for the market are the admiration of scientific men who visit them.

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OCTOBER

Editorials

THE EXAMINATION OF THE INSANE

I am requested to furnish in an editorial of six hundred to one thousand words some useful hints to the general practitioner on the examination of the insane. In attempting to comply with this request, I lay no claim to originality but offer an outline taken from the one in general use in our state hospitals.

This editorial must presuppose that the reader is fairly well grounded in the principles of psychiatry such as published in the modern text-books that are based on Kraeplin's classification of insanity, or some modification of it.

Some definite plan in recording mental symptoms is essential. The one in use in the state hospitals of Michigan is adapted largely from Diefendorf's Clinical Psychiatry, and takes up the anomalies of the various mental faculties, i. e.:

(a) Of perception
(b) Of mental elaboration
(c) Of the emotions
(d) Of volition.

These may be manifested in disturbances of speech, of consciousness and orientation, in illusions, hallucinations (of hearing, vision, smell, taste), disturbances in memory (remote and recent), in association of ideas, in judgment (delusion formation), in the emotional state, and in the will power.

With such a definite plan in mind, the examination should proceed with:

1. The history of the patient's family, which should include a record of the habits, mode of life, cause of death, etc., of the parents, grand-parents, uncles, aunts, cousins, brothers, sisters, and children of the patient in order to determine as to the presence of any hereditary factors.

II. A history of the patient, taking into consideration:

(1) The condition of the mother during gestation;

(2) Character and results of the labor;

(3) Development in childhood, including history of:

(a) severe injuries, eruptive fevers and their sequellae, nocturnal incontinence, chorea convulsions of any sort.

(b) mental development, attitude toward study; grade attained, precocity and dullness.

(c) age and condition at puberty.

(4) Normal life, habits and environment of the patient; history of exhausting diseases.

(5) Previous psychoses, their number, age at occurrence, duration, degree of recovery or improvement.

IV. History of the present psychosis:

(1) Date and character of the onset, sudden or gradual.

(2) Description of symptoms in chronological sequence.

V. Examination of the patient.

(1) Physical and neurological examination, which should precede the mental examination, because the patient is more easily approached this way and his suspicions dispelled. Moreover, much information may be obtained in this examination which will suggest methods of procedure in the following:

(2) Examination of mental condition.

By this time much suggestive information will have been obtained. For instance, the presence of organic mental disease is chiefly determined by the neurological examination. Many important symptoms are also recognized by the general appearance of the patient. Thus; an elated expression, more or less constant motion, fantastic dress, singing, rhyming,

etc., suggest at once the manic phase of manic depressive insanity, while the reverse of these symptoms suggests the depressive phase of the same psychosis. Stereotyped movements suggest *dementia praecox*.

Taking up the outline previously suggested:

SPEECH DEFECT may generally be detected in ordinary conversation. In addition it is generally advisable to use some test words as electricity, truly rural, fifth riding artillery brigade—the scanning speech of the paretic, the verbigeration or mutism of the *dementia praecox*, and the paraphasia of arterial sclerosis are easily recognized.

DISTURBANCES OF CONSCIOUSNESS (clouding, delirium, etc.) are easily recognized, and are found prominently in the various deliria and infective psychoses.

HALLUCINATIONS are often detected by the reaction of the patient. He stuffs his ears with cotton, talks to himself, plugs his nose, or spits out his food. Generally, they may be elicited by direct questions, but occasionally a great deal of tact and persistence is required in getting at the facts. It is important to distinguish between actual hallucinations and other kinds of impressions. These patients will claim that God talks to them, but on closer questions will state He communicates in some other way. Hallucinations persist in *dementia praecox* and general paralysis, in the paranoid states and arterial sclerotic insanities, and are less persistent in alcoholic and manic depressive insanities and the involution psychoses.

MEMORY DISTURBANCES are determined by the productions of the patient and by direct questioning touching on events in his past life and of recent occurrence. We find the difficult retention of new impressions in senile cases; the patchy memory (in which the memory becomes occasionally and temporarily clear) of the arterial scleriotic, the lapse of memory in the alcoholic polyneuritis, etc.

IN DISTURBANCE OF IDEA ASSOCIATION we recognize the rapid ideation, rhyming, sound association and so-called flight of ideas in the maniac. The retardation in the depressed, the limited range, mental dullness, looseness of thought connection, desultoriness, circumstantiality of the *dementia praecox*. In the productive patient little difficulty will be experienced in this part of the examination. In the quiet, the content of the thought may be elicited, for instance, by giving him a detailed account of some recent experience or by giving him some word, such as blue, chair, horse, asking him to tell the first ideas suggested by the words. Examining the letters of the patient will often disclose important information not easily gotten by direct questioning. In fact, in examining inaccessible patients the written productions, particularly letters of a personal character, will often furnish valuable suggestions for examination in any field.

Under JUDGMENT we look for evidence of delusions. Usually many will have been expressed before the examination has gone this far. Sometimes direct questions will bring them out, such as: Are you insane? Who do your friends think you are? Have you any enemies? etc.

In a few instances evidence of delusions is arrived at only through a circuitous process, as by engaging in general conversation so skillfully directed as to lead to events that the patient is personally interested in. It is well to classify the delusions into:

(1) Expansive—persistent in many cases of paralytic dementia; transient in manic states.

(2) Depressive, which may be subdivided into:

(a) Those of self-accusation, found abundantly in the involution depressive states.

(b) Of persecution, including delusions of jealousy, of influence, etc., found in alcoholics and persistently in paranoid forms of *dementia praecox*, paranoid conditions.

(c) Nihilistic ideas, common and involution psychoses.

(3) Systematized delusions found in paranoia and which are persistent.

In the EMOTIONAL FIELD we look for evidence of

(1) Diminished effect (loss of affection, dulling of finer sensibilities) common to *dementia praecox* and general paralysis.

(2) Increased emotional excitability, variation in moods, irritability, apprehensiveness, various fears or phobias, euphoria, disturbances of the lower emotions such as hunger, fatigue, sexual feelings. The above conditions are not very difficult of detection and require no special suggestions, except that observation rather than questioning is essential.

ANOMALIES OF THE WILL are generally recognized in the physical and neurological examinations and by personal observations and a report of the observation of others.

Impulsive and compulsive movements, *Cerea flexibilitas* (lead pipe resistance), mannerisms, negativism, *Echoprxia*. and *Echolalia* are found in the various forms of *dementia praecox*.

Motor excitement, pressure of motion and activity are common symptoms in manic depressive insanity—the manic phase. Psycho-

motor retardation, lack of initiative, in the depressive phase of the same psychosis.

The above is but the merest outline of symptoms to look for with suggestions as to how to elicit them, together with a few hints to assist in proper classificaton.

The practitioner need not be discouraged if in a single examination he fails to find sufficient symptoms for the certification of insanity. Some cases remain under observation for days in hospitals for the insane, before sufficient symptoms are discovered to warrant a positive diagnosis.

In other words, difficulties in examination are not limited to those who see but few cases. They also beset those of long experience.

HERMAN OSTRANDER, M. D.

YOUR DUTY TO THE PUBLIC

The relationship of the science of medicine to public welfare must not be overlooked in our present era when great teachers, clinicians and laboratory men are so strenuously engaged in their endeavor to unfold the fundamental laws and truths that govern disease and health. All honor to these busy workers who are so zealously employed in this meritorious and admirable task. As the results and proven investigations are being placed at our disposal, it is not at all sufficient that we should simply apply their findings in our daily work. There remains for every practitioner a certain duty to perform and it is our bounden duty to faithfully execute this task conferred upon us and to impart to the public at large that portion of our newly acquired knowledge as is necessary and essential for the public to possess in order that they may derive the full benefits that are only attainable by means of a rational understanding of these new principles and demonstrated proven findings.

In the field of medicine there are, as someone has said, three important branches. The first is research work; second, the training of physicians to put these new findings into practice; third, the education of the public so that they may recognize the difference between medical science and medical charlatanry. The research workers are busily engaged and honestly reveal to us the ultimate and reliable results of their work. During the recent decade, organized medicine has aroused itself and through its committee on medical education, of our national organization, has accomplished much and is busily engaged in raising the standards of our medical schools so that they to-day are graduating men of high attainments and efficiency, in possession of a working knowledge of the results as well as the application of these laboratory findings and are thus capable of applying the newer tenents of modern medicine. The education of the public at large has been, as a rule, sadly neglected, and it is but in recent years that we have awakened to this fact. The pioneers in this branch of our work are just commencing to detect the ripple in the placid surface of our existence that portends that in the near future our combined energy and might will soon be exerted in a universal movement that will impart to our lay public that knowledge which has been so long withheld from them.

"When *educated* physicians confess their ignorance and helplessness and the *uneducated* physicians proclaim their knowledge and infallibility, it then takes some education on the part of the public to realize that the humility of true knowledge is superior to the arrogance of pretense." As we are becoming more and more able to demonstrate the now known truths of our science and to likewise exhibit supportative evidence of our assertions, there remains for each of us to demonstrate to the people of our individual vicinity and clientele the part that it is incumbent for them to perform in order that they, knowing the tenents of preventative medicine, may apply them in their homes and lives.

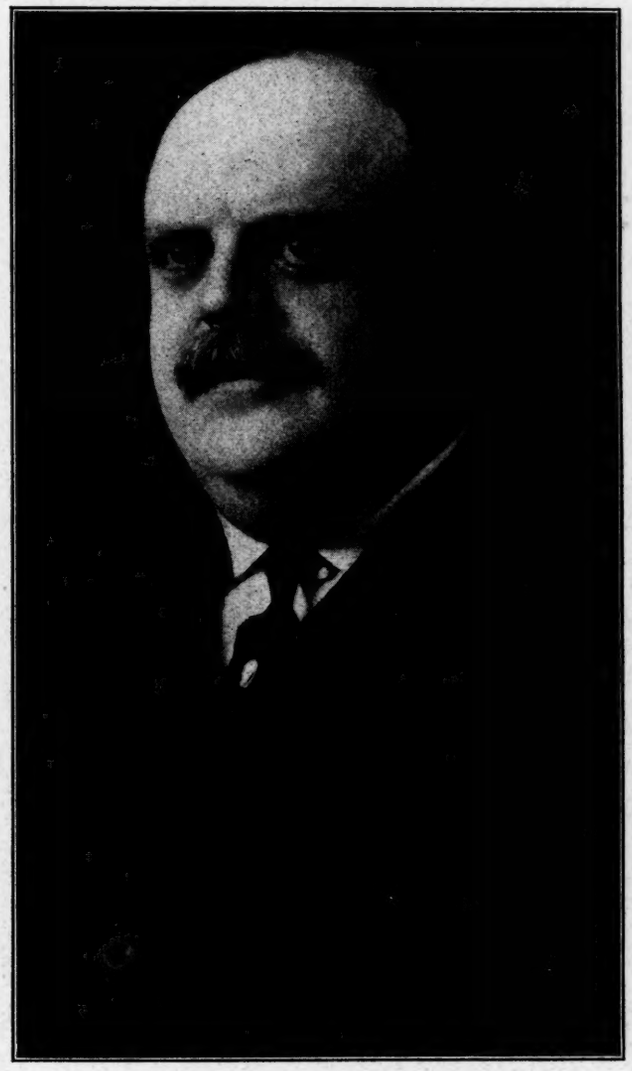
In the proposed movement that will seek to secure the enactment of necessary legislation, so as to legalize and cause to be instituted the fundamental principles that will impart this knowledge for the education of the public, we realize that opposition will be met. This opposition will, as it always has, come from faddists, patent medicine satellites, and misguided medical "Freedomites," and with them charlatans and commercial doctors. They will, without a doubt, unite in a mighty protest and publicly accuse us, as in the past, of selfish interests. With systematization and the exhibition of our organization's co-operative strength, we should be enabled—by the knowledge and statistics that we possess—to refute this opposition, and cause the public and legislative bodies to perceive the truth and in the end acquire their endorsement and assistance in our work for the betterment of the health and the prolongation of the lives of the people of our state. It but remains for us to be aggressive.

THE FORTY-EIGHTH ANNUAL MEETING.

The Forty-eighth Annual Meeting of the Michigan State Medical Society may well be designated as one of the most successful meetings in the history of our organization. Successful from the standpoint of attendance—the registration was 365—the scientific program

and the interest manifested therein, the work of the House of Delegates, the entertainment features and the inspiration produced by the Governor's Address and the representative men who discussed the President's Annual Address. A noticeable spirit of harmony prevailed and the spirit of sincerity and dignity that attended the various meetings cannot help but impress the public at large with the fact that our organization does not exist for merely selfish preservation or the conservation of personal motives. The public is beginning to realize that the object of our Society is to make better doctors and through our organization resources to advance the health and social interests of the people of Michigan. Our sincerity in this purpose was demonstrated at the Flint meeting. A complete report of the transactions of the 48th Annual Meeting will be found upon another page of this issue.

In the July number of The Journal we recognized in these columns the services that had been rendered by Dr. Guy L. Kiefer to the people of Detroit and also to the state during his long term as Health Officer of the City of Detroit. Our members further recognized Dr. Kiefer's labors for, and his interest in the problems of public health by unanimously electing him president of the Michigan State Medical Society for the ensuing year. We are assured that under Dr. Kiefer's administration the every interests of our organization will be well guarded. Under his direction we know that he will cause our influence to be mani-



GUY LINCOLN KIEFER, M.D.

fested in developing those measures that will tend towards advancing the interests not only of our members, but also the inhabitants of our state in so far as they pertain to health, sanitary surroundings, and social welfare. At the close of his term as president we anticipate that we will be enabled to record various lines of activities that have been carried to a successful termination under his direction and through his endeavors.

The thanks and appreciation of our members are due to the section officers for having prepared such an excellent and interesting program and for their efforts in securing the presence of such an array of invited guests. To them belongs much of the credit for the success of the meeting and we assure them that their labors have been greatly appreciated.

Lansing was selected as the place for the holding of the 1914 meeting. By reason of its central location and easy access the 1914 meeting should be the largest in our history. The profession of Lansing have given their assurance that their every effort will be directed to that end.

To those who for one reason or another failed to attend, we but ask that you carefully read the transactions, President Sawyer's Address and the discussions that followed it and the Governor's Address. After so doing we feel inclined to believe that you will resolve to not neglect to attend our future meetings. You have sustained a loss hard to recompense through your failure to attend the Flint meeting.

Satisfied though we may be in our retrospection of the work of the Michigan State Medical Society the time is not yet at hand when we may be permitted or content to retard our throttle and relax our efforts. There is still much to be accomplished and the future should witness the making of a determined effort to attain still higher and greater ends. We urge an aggressive as well as a progressive attitude on the part of every member. You owe it to yourself, your society and to your state.

A NEW DEPARTMENT

The Publication Committee is very pleased to announce to our members and readers that commencing with the November issue we shall from month to month publish the proceedings of The Clinical Society of the University of Michigan. That organization has designated THE JOURNAL as its official organ of publication.

The Clinical Society of the University is composed of the members of the faculty and of the members of the staff of the University Medical Department and Hospital. It holds semi-monthly meetings. The papers that are presented before their gatherings have long been recognized as being of high scientific as well as practical value. The guests who address the members are men of national reputation. The Clinical Case reports are of studied cases in the hospital.

One will readily perceive that the material thus obtained for publication in THE JOURNAL will add to the value and merit of our JOURNAL and this new department will be consistent with the policy of the Publication Committee in endeavoring to send our readers a journal that is of greater value and merit.

The Publication Committee hopes to be able in the near future to announce other innovations which will raise the standard and value of THE JOURNAL to a still higher plane.

Editorial Comments

"Your day and your competitor's day have just the same number of hours. But neither are long enough to swipe a second from for knocking purposes." Every "knock" that you utter will react at some time or another, and while you may be deceived in thinking that you have gained a point or issue, eventually it will be revealed unto you that you have failed —you have not acted the part of a man. So forget the "hammer act."

With the resumption of the regular meetings of your County Society you are urged to resolve to attend, if in any way possible, every meeting that is held this fall and winter. In addition make it a point to participate in the program by reading one or two papers, the reporting of some of your interesting cases and by engaging in the discussions that take place. Such co-operation on your part will result in causing your society to hold a series of very profitable and instructive meetings. The value and benefits that you derive from your membership is dependent upon the way in which you participate in the programs of your local society. The exhibition of interest and active work on the part of every member cannot result in anything but a strong, active and live county society. The interest shown and the personal work done by the members determines the rating of your society into the good, fair, or poor class. Your personal pride should be all sufficient to impel you to contribute your share of the labor requisite to secure the highest rating for your county organization.

The editor is at all times pleased to receive honest criticisms and suggestions pertaining to

the subject matter contained in the Journal. In order that we may be better enabled to each month send you a more valuable and instructive publication, we are requesting you to present us with your suggestions. By knowing your needs we shall be better able to supply them.

As a member of the State Society do you realize that this is your Journal? Do you also realize that it has grown to be a "topnotcher" among State Medical Journals? While the ends attained occasion a certain amount of satisfaction the Publication Committee is not yet content to relinquish its efforts towards securing a still greater prestige and reputation. The Committee is desirous of being able to send you each month a Journal containing from twelve to fifteen abundantly illustrated original articles. To attain this end requires more funds. No, we do not want any money from you—But we are going to ask you to in the future patronize our advertisers whose announcements appear in our advertising pages. When you order, order from them and let them know that you were influenced to do so by reason of their advertisement in your Journal. This co-operation will retain their patronage and in addition will attract other advertisers and in the end the revenue derived from this increased advertising income will enable us to increase the size and value of our Journal. Tell the salesman that calls upon you that if he is desirous of securing your order it will be necessary for him to induce his firm to advertise in your Journal. If you are not sufficiently interested to lend us this assistance—which costs you nothing—then you must not expect your Committee to be able to raise the standard of your publication.

The first number of the new publication, *"The Modern Hospital,"* has reached our desk and after a careful perusal we have only admiration and commendation to express to its editors. Its contents, style and makeup foretell that this publication is one that is bound to exert an untold amount of good in bettering hospital conditions and administration. Its object, as stated in the salutatory editorial is: "An agent that will be a vehicle of expression to bring into a wider field of usefulness the experience and learning of each individual, to the end that this experience may become the common harvest of all."

When one stops to consider that in the United States there are 6,665 institutions of record for the care of the sick, with a total capacity of 600,000 beds; that there are connected with these institutions 100,000 trustees, 65,000 physicians, and that 10,000,000 people contribute annually to hospital funds; we must then concede that the want exists and that the field is ripe for untold good to be accomplished by such a publication as "The Modern Hospital."

The publishers may feel assured of a hearty welcome and we bespeak for them in Michigan a kindly reception and support from all who are in any way connected with a hospital.

The editorial staff is composed of the following men: Henry M. Hurd, Baltimore; F. A. Washburn, Boston; W. H. Smith, Baltimore; S. S. Goldwater, New York; J. G. Munford, New York; W. L. Babcock, Detroit; John A. Hornsby, Chicago. The editorial office is located in the Monroe Building, Chicago, and the business offices in the Metropolitan Building, St. Louis. The subscription price is $3.00 per year.

Mellin's Food was awarded a gold medal at the International Congress held in London.

The Journal is a medium for every member to disseminate among the profession of the state and country the tried and proven experiences and observations that they may make in their professional labors. To this end we invite your contributions in the form of papers, case reports and laboratory experiments. Will you not give preference to your state and official publication when selecting the medium for the publication of your article?

Deaths

Dr. Ransom Newell Murray was born in Henriette Township, Monroe County, New York, on September 18, 1830, of American parents. His parents moved to Michigan when he was but eighteen months old and bought a farm near Ann Arbor. The land was not cleared and they led the life of settlers. Here he grew to manhood, obtaining such education as the common schools of that early day furnished. When he was but a small boy he suffered necrosis of the bone of the right ankle, the result of fever, and from this he suffered all his life.

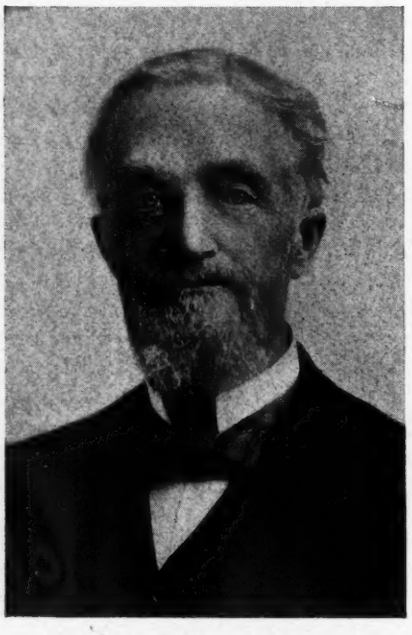
While a young man yet in his teens, Ransom Murray began the study of medicine with Dr. Lamond of Flint. After some time he went to Ann Arbor and took what they called in those days a "course of lectures." In 1854, Dr. Lamond started him as his partner, giving him Atlas, Genesee County, as his territory, and he visited his patients on horse-back, using the ancient saddle-bags.

Dr. Murray practiced at Atlas until 1857, when he went to Winona, Minnesota, where he practiced and remained about two years, returning in 1859. On February 8, 1859, soon after his return, he was married to Emily O. Cady, of Atlas.

In the fall of 1865 he became a student at Jefferson Medical College in Philadelphia, and graduated from this institution in 1866, receiving a diploma in medicine and surgery. He returned to Atlas and resumed practice there, remaining about one year, going from that place to Grand Blanc

for a few months. In 1868 Dr. Murray sold his practice in Grand Blanc to Dr. Noah Bates, now of Flint, and he returned to Minnesota, locating at Lake City. He remained in Lake City until 1872, at which time he returned to Michigan, locating at Flint, where he practiced until his last illness.

Dr. Murray was appointed consulting physician to the Michigan State School for the Deaf, in



Dr. Ransom Newell Murray

1893, which position he held at the time of his death—twenty years of continuous service.

In April, 1899, Dr. Murray went abroad to attend clinics in London hospitals and study surgery. In the summer of 1904 he spent some time with the Mayo Brothers at Rochester, Minnesota, attending clinics.

Dr. Murray performed one of the first, if not the first surgical operation in Flint. He was very successful in this branch of his practice as well as in medicine.

Dr. Murray is survived by his daughter, Mrs. John S. Hamaker, of Mendon, Michigan. His wife died in November, 1896 and his only son in October, 1883.

Correspondence

Sept. 11, 1913.

Dr. Fredk. C. Warnshuis, Secretary,
91 Monroe Ave., Grand Rapids, Mich.

Dear Dr. Warnshuis:—

I want, through you, to extend my sincere thanks to the Michigan State Medical Society for the honor which they have conferred upon me by making me an honorary member.

We are already getting your Journal through Dr. Weaver, who is a member of our firm, and also Assistant Editor of the Indiana State Journal. We frequently refer to articles in your Journal in our weekly reviews.

Yours very sincerely,
MILES F. PORTER.

Grand Traverse County Medical Society,,

Sept. 18. 1913.

Dr. Frederick C. Warnshuis,
Grand Rapids, Mich.

Dear Doctor:

Enclosed you will find a copy of the resolutions drawn up by the Grand Traverse-Leelanau County Medical Society and presented to Mr. G. G. Bates in recognition of his stand in regard to questionable advertising. Will you please give this space in THE JOURNAL and comment editorially on the same.

Yours very sincerely,
JAMES A. J. HALL, M.D.,
Secretary.

Be it resolved by the Grand Traverse County Medical Society that we are pleased and greatly appreciative of the attitude taken by Mr. G. G. Bates, the Editor of the Record Eagle, of this city, with reference to refusing to accept ads from traveling quacks and questionable medical advertisers. And we wish to say, too, that this act was wholly unsolicited by anyone. We sincerely feel this to be an act commendable to Mr. Bates and one to be emulated by other newspapers. The public should and will feel grateful to Mr. Bates for this attitude as it means much to them and is a financial loss to the paper.

O. E. CHASE, M.D.
E. B. MINOR, M.D.
JAMES A. J. HALL, M.D.
Committee.

State News Notes

Dr. John J. Mersen of Holland has been appointed city physician.

Dr. A. T. LaBarge, of Calumet, has located in Detroit.

Dr. Roy O. Knapp, of Ionia, has resigned as assistant physician at the Ionia State Hospital for the Insane. He has been succeeded by Dr. P. C. Robertson.

Dr. Frederick T. Lau, of Detroit, has received an appointment to the New York City Hospital on Blackwell's Island.

Dr. R. D. Sleight of Battle Creek has returned from Europe where he spent five months in post-graduate work.

Dr. William D. Whitten, physician for the Baltic Mine for the Copper Range Consolidated, has resigned and will continue his practice in Los Angeles, California.

Dr. C. E. Miller of Cadillac has been appointed as library commissioner of that city.

Two changes are announced on the Copper Range Medical Staff by the Chief, Dr. W K. West. Dr. W. R. Hodges will succeed Dr. Whitten of Baltic and Dr. H. D. Cornell of Victoria will succeed Dr. Hodges in the stamp mill towns.

Tripping over a wire stretched across a grass path, Dr. C. B. Thomas of Muskegon fell and dislocated and fractured his right shoulder on Aug. 22nd.

Dr. and Mrs. B. G. McGarry of Fenton are in Chicago where the doctor is pursuing a post-graduate course.

After an absence of four years Dr. E. D. Kremers is visiting relatives in Holland. Dr. Kremers is stationed in Honolulu in the U. S. army medical corps, and holds the rank of first lieutenant His leave of absence expired on September 1st.

Dr. T. C. H Ableman has resigned his position as assistant surgeon at the Michigan Soldier's Home, located in Grand Rapids. The doctor was married during the first week in September and has entered private practice in Wisconsin.

Dr. Culbertson of Vickerysville has entered private practice in northern Oregon.

Dr. W. S. Mackensie has been appointed local surgeon for the Wabash Employees Hospital in Adrian.

The Allegan doctors held a pleasant meeting in the home of Dr. W. H. Bills on August 30th. Dr. F. L. Stegeman read a paper on Pyorrhea. Following the paper and its discussion refreshments were served by the host. Fourteen doctors were in attendance.

Dr. E. F. Harrington of Whitehall has sold his practice to Dr. J. C. Kenning of Grand Rapids. Dr. Harrington has located in Muskegon and will confine his practice to eye, ear, nose and throat diseases.

The Samaritan Hospital of Detroit was formally opened on August 11th.

During the coming year the pupils in the Detroit schools whose teeth require attention will be treated in four newly established dental clinics that are to be conducted under the direction of the Board of Health.

Eighteen manufacturers of Detroit have united and established the Manufacturer's Mutual Hospital for the care and treatment of their injured employees. Quarters have been secured in a building located at 484 Jefferson avenue and which has been remodeled so as to afford suitable accommodation.

Dr. Nels J. Robbins is contemplating the erection of a new hospital in Negaunee. Dr. C. J. Larson will be his associate in conducting the work of the hospital.

Work has commenced for the erection of a new contagious disease hospital in Ann Arbor and for which that city recently appropriated $25,000.

According to the report made by Dr. C. B. Fulkerson, medical officer of the Kalamazoo public schools, over one-third of the children in the Kalamazoo schools have some defect or disease which required the attention of the medical officer. The exact figures are 34.4 per cent.

These figures are gathered from the examination which was made of the school children in the first eight grades

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Dr. T. D. Gordon of Grand Rapids departed for Germany on Aug. 30 and expects to spend the next six months in post graduate work in Berlin and Vienna.

Dr. V. C. Gilbert of Louisville, Ky. has accepted the appointment as assistant surgeon in the Michigan Soldiers' Home in Grand Rapids. He entered upon his duties on Aug. 15th.

The Wayne County Medical Society resumed its regular meetings after a summer's recess on September 15th. The evening was devoted to listening to the retiring president's—Dr. E .W. Hass—address and to the report of the delegates to the State Medical Society.

The new auditorium of the Wayne County Medical Society is growing rapidly; the excavating is completed and the steel construction is finished. Present indications point to the completion of the building so that it will be occupied before the first of the year. It will have a seating capacity for five hundred.

County Society News

GENESEE COUNTY.

A special meeting of the Genesee County Medical Society was held at Dr. Burnell's residence in Flint, July 14, 1913. The meeting was called to order at 8 p. m. by President Bates. Dr. Wells C. Reid of Grand Blanc was elected to membership.

Dr. George R. Goering of Flint presented a paper on "Streptococcic Infection of the Breast." Dr. Myron W. Clift, of Flint, reported some cases of hemorrhagic neonatorum and gave the recent literature on the subject.

Following this interesting program our host served the attending members delicious refreshments.

On motion, a vote of thanks was given Dr. Burnell for his bounteous hospitality.

C. P. CLARK, M. D., Secretary.

SPECIAL MEETING.

A special meeting of the Genesee County Medical Society was held July 12th, at 9 p. m., to arrange to attend the funeral of our honorary member, Dr. R. N. Murray.

A committee on resolutions was appointed, consisting of Drs. Bates, Cogshall, Rumer, Kelly, Wheelock, and Handy.

It was arranged to attend the funeral in a body, July 14th.

RESOLVED, by the Genesee Medical Society, that in the death of Dr. Ransom N. Murray, our oldest member, we have lost a very dear and generous friend. He was always loyal to the medical fraternity, kind to the younger members, and ready to extend help and advice to them. His long and successful practice and unselfish attention to his patients has endeared him in the hearts of his fellow-citizens. He was a student always, and even during the last years of his life kept up his reading, not only on medical subjects, but also on history, astronomy, and literary classics. His companionable nature, genial manner and acute sense of humor made association with him exceedingly delightful. To know him well was but to love him.

To his daughter and relatives, we extend our heartfelt sympathy in their great bereavement. Be it further

RESOLVED, that a copy of these resolutions be placed among the records of this Society, and that a copy be sent to his daughter.

W. G. BIRD,
J. G. R. MANWARING,
F. L. TUPPER,
Committee.

C. P. CLARK, Secretary.

HOUGHTON COUNTY

The regular meeting of the Houghton County Medical Society was held on Monday evening, September 1, 1913, in the Miscowaubik Club and had as its guests the members of the medical staff of the Michigan National Guards who are on strike duty in the Upper Peninsula.

"Medical Service in the Field" was the subject of a paper by Maj. R. C. Apted of Grand Rapids. Major John Frazier of Port Huron described the organization of a field hospital and Capt. Ernest C. Lee related the duties of the ambulance company. Capt. Robert J. Baskerville gave a detailed explanation of the first aid to the injured and demonstrated the outfits that were employed in that service.

The above talks proved to be very interesting to the members and served to enlighten them regarding the manner in which the State seeks to conserve the health and life of her militiamen.

Dr. W. H. Bettys presented a paper entitled "A Review of Eddyism." A Clinical case was presented by Dr. A. F. Fisher.

A. LABINE,, Secretary.

KALAMAZOO ACADEMY

Minutes of the Meeting of Academy of Medicine, August 26, 10:30 a. m. in the Anna M. Blair Library Building, Vicksburg, Mich.

The meeting was called to order by the President, Dr. C. E. Boys, and in the absence of the Secretary, Dr. S. R. Light was elected Secretary pro tem.

The minutes of the meetings of June 24, July 8 and August 12 were read and approved. The applications of Dr. Edward M. Steger and Dr. Margery J. Gilfillan were submitted to the Board of Censors, consisting of Drs. Balch, Rogers, Leland, McKain, Crosby and Rockwell. The Board reported favorably and it was moved by Dr. Swift, and seconded by Dr. Lee, that the report of the Board of Censors be accepted and the applicants declared elected. This motion was carried.

Dr. Boys called the attention of the Academy to the Vicksburg Semi-Weekly Commercial, which contained a full-page advertisement of one W. J. Croziero, M. D., a quack who was registered to practice in Michigan by the State Board in 1910, through reciprocity with Missouri. Dr. Rockwell moved that the Academy instruct the Illegal Practice Committee to request the State Board of Registration in Medicine to revoke the license of Dr. Croziero. This was seconded by Dr. Leland, and an animated discussion, highly favoring this action, followed, and when put to a vote the motion carried.

After this an experience meeting followed, in which each member present reported some interesting case or related some unusual experience which had come to his attention, and a very interesting discussion resulted.

There were present at this meeting, in addition to the members of the Academy, the following physicians from St. Joseph County:

Dr. M. Sabin of Centerville.
Dr. F. A. Pratt, of Centerville.
Dr. W. R. Royer, of Mendon.
Dr. McMichael, of Gary, Ind., was also a guest.

President D. B. Waldo, of the Western State Normal, entered the meeting in the afternoon and gave a very profitable and interesting address.

F. B. FULKERSON, Secy.

GRATIOT COUNTY

The Gratiot County Medical Society met at the Wright House in Alma, August 14, 1913, the meeting being called to order by President Barstow. Twelve members and one visitor were present.

Dr. Kilborn was not present with his paper; Dr. Blanchard was not present but sent his paper on "The Diagnosis and Treatment of Typhoid Fever," which was read by the Secretary. Dr. Blanchard's paper was discussed by Dr. Charles McLachlan of Elwell and several others. Dr. McLachlan stated that he would not consider treating typhoid without baptisia. He used ten drops of specific in four ounces of water and gave a teaspoonful every four hours. In case of hemorrhage he gives large doses of charcoal. Dr. Barstow stated that he depended upon the Diazo reaction in diagnosing typhoid.

Dr. C. B. Gardner of Alma read a paper on "Acute Appendicitis in Children," and the discussion following was opened by Dr. I. N. Brainerd of Alma and participated in by several others. Dr. McLachlan related finding a patient with an appendiceal abscess pressing upon the rectum, which he opened by puncturing through the rectum; the patient recovered.

Dr. J. R. Shaffer of Elm Hall read a paper on "Diabetes" which he illustrated with charts. His paper provoked laughter and applause. The motion was made and carried that Dr. Shaffer's paper and charts be sent to the State Journal for publication.

E. M. HIGHFIELD, M. D., Secy.

County Secretaries Department

THE OVERWORKING OF SECRETARIES.

PRESIDENT'S ADDRESS, COUNTY SECRETARIES' ASSOCIATION, FIFTH ANNUAL MEETING, HELD IN FLINT, SEPT. 3, 1913.

The sigh of relief which comes from retiring secretaries and their positive refusal to accept the same honors again should move us to study into the causes which make this attitude so universal.

Perhaps none but those who have been secretaries appreciate fully the strenuous existence that must be experienced while filling the duties of this office. One very prominent in medical work once said: "The success or failure of a given society depends upon the secretary." A statement like this from an authority on the subject at once causes us to ask why should the whole responsibility be shouldered upon the secretary?

It is a fact in most societies that the secretary selects and arranges for the program; he informs the president of the many virtues of the speakers, so they can be properly introduced; he arranges for the printing and receives reporters who ask for the program; he sees that the place of meeting is obtained that it is provided with proper light, heat and special appliances for illustrating the papers; possibly, even has to dust the furniture at times. He calls the attention of every doctor he meets, to the next meeting, and urges them to be present. He probably has to meet the guests; usually entertains them at his personal expense of money and time and never thinks of allowing any work, no matter how important, to keep him from any meeting. Then when the program is over he hastens to write an extended report of it, either for the record or a Bulletin. He informs the president when he should call meetings of committees, outlining the needed work and then calls the committees together. He buys flowers for the sick and dead members of the society and formulates resolutions of sympathy. In a word, every piece of work he does, is sandwiched with Society affairs.

On the other hand, the other members usually take the part of an audience in a theater. They applaud if a good "show" has been pulled off and are either silent, or retire before the meeting is over if things go "slow." Then the secretary has added the extra duty of trying to explain, to the guest, the lack of attendance or appreciation in a given instance.

Gentlemen, this principle is wrong, when one member becomes the whole society. It is an injustice to the secretary, as it overburdens him with work and also he is doing work which others should do both for their own good and the general welfare of the society. One receives good mostly in proportion to one's efforts in a given direction; therefore the principle of using the largest possible percentage of the membership as officials is correct. The football adage of "Every man in every play" holds equally well in a medical society.

It is the duty of the president and not the secretary to *direct* the work of all officers and committees. Therefore, I say the president should be, not necessarily the oldest member or one who has never had an office or the wisest or most skilful physician, but he should be the one who has the ability and the disposition to *direct* things and not simply to be a passive incumbent of the chair. He it is then who will plan the general work of the society and will appoint members to carry it out and then see to it that it is done. This relieves the secretary of his largest burden. By the appointment of a Program Committee of which the secretary is not a member, his load is again lessened. An active Social Committee relieves him of the entertainment of the guests and the answering of telephones during the meeting. A House Committee insures that the rooms are in order and equipment provided.

When the president sees to it that the various committees do their work the secretary virtually has his work limited to the taking of minutes and reporting of work done. Where a Bulletin is published, he should be editor of the same and outside of the report of last meeting and renewing of advertisements should have all material provided by the various members and committees. When the work of the secretary can thus be restricted, then will the present antagonistic attitude of many men who would make good secretaries be abolished and will have a most efficient society on account of a proper division of labor.

C. E. BOYS, Kalamazoo.

THE Fifth Annual Meeting of the County Secretaries Association proved to be a very interesting meeting and those in attendance ascertained definite ideas regarding certain of the problems that confront a secretary. They went home better secretaries and we shall look for their reports which we feel assured will indicate that their County organization has profited by reason of having sent its secretary to this meeting.

New remittance blanks will be mailed to all the secretaries during the month of October. We earnestly request that hereafter these blanks be used exclusively when remitting dues to the State Secretary. The observance of this request will greatly facilitate the work of this office.

Now that your societies are resuming their meetings after a summer's recess we earnestly desire that every secretary make it a special point to send us a complete report of each meeting. The JOURNAL desires to record and thus place on permanent record every medical meeting that is held in Michigan. We are dependent upon the secretary for this information and therefore bespeak your co-operation. It takes but a few minutes to write up your meeting: do it the day of your meeting and deposit it in the mail at once. The last forms of the JOURNAL go to press on the fifteenth of each month. Reports that are received too late for a current issue will be published in a succeeding number.

"You cannot run away from a weakness; you must fight it out or perish; and if that be so, why not now, and where you stand."

We desire to call attention to the report of our Committee on Fee-Splitting; as published under the Proceedings of the Annual Meeting on another page. Will you not make it a point to read this report at your next meeting? It is of vital importance.

Public Health

Conducted by
ROBERT L. DIXON, M.D.
Secretary Michigan State Board of Health

THE PHYSICIAN AND THE HEALTH OFFICER.

Very frequently we have evidence that the relation which should exist between the physician who is in charge of a case of disease dangerous to the public health and the health officer of the jurisdiction—township, village or city—in which the case is, is not clearly understood or is not given proper consideration.

The proper relation is one of decided co-operation, yet one of distinct duties. It is to be assumed that the first knowledge a health officer has of a case of dangerous communicable disease comes to him from the physician in charge of the case, or in the event that no physician is employed, from the householder or other person related to the situation. The law states that this immediate notice shall be given and imposes a penalty for failure to comply. The great majority of physicians are law abiding in this respect, although there are far too many who absolutely disregard the provision. The text of the law referred to above is as follows:

"Whenever any physician shall know that any person whom he is called to visit, or who is brought to him for examination, is infected with smallpox, cholera, diphtheria, scarlet fever, or any disease dangerous to the public health, he shall immediately give notice thereof to the health officer of the township, city or village in which the sick person may be; and to the householder, hotel-keeper, keeper of a boarding house, or tenant within whose house or rooms the sick person may be. The notice to the officer of the board of health shall state the name of the disease, the name, age and sex of the person sick, also the name of the physician giving the notice; and shall, by street and number, or otherwise, sufficiently designate the house or room in which said person sick may be. And every physician and person acting as a physician, who shall refuse or neglect immediately to give such notice, shall forfeit for each such offense a sum not less than ten nor more than fifty dollars: Provided, That this penalty shall not be enforced against a physician if another physician in attendance has given to the health officer, or other officer hereinbefore mentioned, an immediate notice of said sick person, and the true name of the disease, in accordance with the requirement of this section."

After this duty has been performed by the physician, then his duties in relation to the spread of the disease are ended in so far as required by law. The health board is authorized thereupon to take action in order to safeguard the health of the public.

Now if this principle were to be applied literally in all instances there would be many unfortunate consequences. Far too many local health officers are not qualified to assume this obligation and are being instructed to rely upon the judgment of the physician in charge of the case or another physician employed by the board of health.

If, as should be the case, we had as health officers men whose whole duty and attention is devoted to the public health work, it might be feasible to say to the physician in charge of a case: "Now that you have made a formal report to the health officer you need have no concern regarding the further spread of this disease in this family or neighborhood."

The present situation of affairs does not, however, warrant such clear cut statement of duties. The physician and health officer must co-operate in the work. This does not mean that the physician should be willing to do the routine work of the health officer, such as placarding, instituting quarantine and fumigation. These things should be done by the health officer, as representing the board of health. The question of determining whether or not a patient is to be classed as "indigent" and therefore to be cared for at public expense should always be handled by the board of health rather

than the physician. In a great many instances the county boards of supervisors have refused to allow physicians' claims for services for indigent cases because those services were not formally engaged or authorized by the health board., In all cases of dangerous communicable diseases, if the physician believes the family will not be able to pay for his services he should immediately consult the health officer and have his further services authorized.

There is opportunity for a more general cooperation between the physician and health officer in certain jurisdictions. The blame is not entirely one-sided. In some instances the health officer assumes to take charge of the treatment of the case, while in other instances the physician assumes to release from quarantine without authority from the health board.

There are certain distinct duties for the physician and certain ones for the health officer, but their best application demands a hearty cooperation.

Book Notices

AN INTRODUCTION TO THE STUDY OF INFECTION AND IMMUNITY. Including Serum Therapy, Vaccine Therapy, Chemotherapy and Serum Diagnosis. By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore. New (2d) Edition, thoroughly revised. Octavo, 325 pages; illustrated. Cloth, $3.25, net. Lea & Febiger, Publishers. Philadelphia and New York, 1913.

The exhaustion of the entire first edition of this work in less than a year shows beyond question that it is a book of great value and utility to the practicing physician. On glancing over the table of contents it is obvious that each one of the chapters is worth many times the price of the volume, because of the fund of new and important information contained and the new ideas which are set forth. The marvelous advances of modern experimental medicine have placed within the reach of the profession new methods of diagnosis, therapeutics and prophylaxis, more exact and effective than anything hitherto known to medical science, and the physician who would possess this knowledge and master its many practical applications will find them presented in this work clearly and succinctly, and in an easy and graceful style. The most notable achievements of the past year have been embodied. These include sections on auto- and normal serum therapy, on the chemotherapy of pneumococcus infections and of cancer, and on the serum diagnosis of pregnancy (Abderhalden's Test). The entire text has likewise been given a careful revision.

It is a distinct pleasure to commend this volume to our readers for in so doing we feel certain that we will have rendered a distinct service to them. The volume merits a large sale in Michigan.

PROGRESSIVE MEDICINE. Vol. XV, No. 3, whole number 59. A Quarterly Digest of Advances, Discussions and Improvements in the Medical and Surgical Sciences. Edited by Hobart Armory Hare, M. D., Philadelphia. Lea & Febiger, Philadelphia. Pages, 303 pp. and index. Price, $6.00 per annum.

The contents of this volume is devoted to Diseases of the Throat and Its Viscera, including the heart, lungs and blood-vessels, by William Evart, M. D; Dermatology and Syphilis by William S. Gotthiel, M.D.; Obstetrics, by Edward P. Davis, M.D.; Diseases of the Nervous System by William G. Spiller, M.D.

The recent progress that has been made in the subjects that are considered as well as the literature that is reviewed enables the reader to obtain in concentrated and complete form all that is good.

Though one may be a subscriber to a representative number of medical publications, and diligently devotes an allotted amount of time to reading, he cannot consider himself as conversant with the principles of these newer discoveries and advances unless he reads and reflects upon what is here written under the various subjects that are considered. It is a summary of the opinions of authorities and through this summary one is enabled to cull that which will be of practical use in his daily practice. For this reason we commend this volume and urge our readers to read it.

PRACTICAL MEDICINE SERIES. Vol. V. 1913. Pediatrics and Orthopedic Surgery, edited by Isaac A. Abt, M.D. and John Ridlon, M.D. The Year Book Publishers, Chicago, Price $1.35. Cloth 235 pp.

This volume, one of a series of ten, published primarily for the general practitioner, is before us, and a careful perusal reveals that it maintains the standard set by former issues. The authors and publishers are congratulated upon the thorough and efficient manner in which they have covered the field, and impart so much valuable material to him who seeks to remain abreast of the progress made in these specialties.

ANATOMY, DESCRIPTIVE AND APPLIED. By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons; lecturer on Anatomy at St. George's Hospital Medical School, London. New (American) edition, thoroughly revised and re-edited, with the ordinary terminology followed by the Basle Anatomical Nomenclature, by Edward Anthony Spitzka, M. D., Director of the Daniel Baugh Institute of Anatomy and Professor of General Anatomy in the Jefferson Medical College of Philadelphia. Imperial octavo, 1502 pages, with 1225 large and elaborate engravings. Cloth, $6.00 net; leather, $7.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

Gray's Anatomy has for over fifty years been the best known work in all medical literature. Measured by the number of students, physicians and surgeons who use it, and by the way in which they keep it and constantly refer to it, it is incomparably the greatest text-book in medicine.

The announcement of a new edition of this great work is always a matter of exceptional interest and importance to the entire profession, and the appearance of this particular edition is especially significant because it ushers in the new era of teaching, marked by the raising and standardizing of the requirements in almost all of the medical colleges of the United States. It is generally conceded that in the near future anatomy will everywhere be taught according to the Basle Anatomical Nomenclature, and the B. N. A. terms have therefore been introduced in parentheses following the ordinary terminology, which is still in more general use, so that either or both may be used with facility.

The revision for this edition has been very thorough. Every line has been critically considered and the whole work has been brought abreast of the latest knowledge of anatomy and the most approved methods of presentation. A feature in which

Gray has always been unique—the engraving of the names of the parts directly on the illustrations—is carefully preserved. The student is thus enabled at a glance to visualize the name of the part, its position, extent and relations, thus photographing in the memory knowledge otherwise painfully difficult to retain. Colors are abundantly used, and dissecting directions accompany the descriptions of the parts. A superb index comprising both terminologies in a single alphabet completes all the service which it is possible for a book to render. Its combination of unrivaled engravings and an incomparably clear text, reflecting the life-work of many of the world's masters of anatomy, and its peculiar quality of presentation which facilitates to the utmost the acquisition and retention of a sound knowledge of its subject, have maintained it in the premier position of all textbooks on anatomy for over fifty years, and it was never stronger in attraction or farther in advance of its competitors than in this new edition.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago, Volume II. Number IV. (August 1913). Octavo of 206 pages, 49 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Published Bi-Monthly Price per year: Paper, $8.00. Cloth, $12.00. W. B. Saunders Company, Philadelphia, London.

This number is the largest and the most important so far issued. It contains an article covering almost forty pages on Vaccine and Serum Therapy that is based on the author's clinical work. This is an article which we wish that every one of our readers would read. It is one of the most practical articles on the use of serums and vaccines that has appeared in recent literature.

The remaining case reports are of interest and cannot be read without receiving profit therefrom. The talk on appendicitis by a California doctor and the appendix which contains Dr. Murphy's paper on Appendicitis as published some twenty years ago adds to the value of this number and causes the subscriber to lay aside the volume with a feeling that the time spent in reading its pages has caused him to derive knowledge that is of value and that may be applied in his daily work.

MALARIA: Etiology, Pathology, Diagnosis, Prophylaxis and Treatment. By Graham E. Hensen, M. D., Jacksonville, Fla.; with an introduction by Charles E. Bass, M. D., Tulane University, New Orleans. Cloth 190 pp. C. V. Mosby Company, St. Louis, Mo. Price $2.50.

This excellent monograph will enable the reader to obtain a practical knowledge of this disease. It contains a careful review of the literature and especial attention has been given to the diagnosis and treatment of malaria. He who is interested in securing an intimate knowledge of this disease will do well to secure this monograph—there is much that is valuable and useful in its pages.

A MANUAL OF OTOLOGY. By Gorham Bacon, A.M., M.D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York. New (6th) edition, thoroughly revised. 12 mo., 536 pages, with 164 engravings and 12 plates. Cloth, $2.25, net. Lea and Febiger, Philadelphia and New York, 1913.

The frequency with which new editions of this Manual are called for indicates a widespread popularity among practitioners and specialists, and shows that it fills admirably the important function of a students' text-book. Its many sterling qualities have resulted in its being "the standard manual of otology in the English language and a model for all works of a similar nature." It has never been approached in its excellent methods of presentation, and it stands practically without a rival in its special field. An examination of this new edition shows that it reflects the subject in its latest aspect. Many sections have been wholly rewritten and considerably enlarged. Emphasis has been laid on the most modern methods of diagnosis and treatment. The excellent series of illustrations has been increased by many new ones, which have been inserted wherever thy could be of value in helping to an understanding of the problems under discussion.

MINOR AND OPERATIVE SURGERY, INCLUDING BANDAGING. By Henry R. Wharton, M.D., Professor of Clinical Surgery in the Woman's Medical College, Philadelphia. New (8th) edition, enlarged and thoroughly revised. 12 mo., 700 pages, with 570 illustrations. Cloth, $3.00, net. Lea & Febiger, Philadelphia and New York, 1913.

When a medical work has reached its eighth edition it may be pronounced a conspicuous success. Only a long continued and steady demand could make possible such a record, and this in turn must be based on intrinsic value. Wharton's Minor and Operative Surgery is a book of great utility and convenience. Its text is clear, and, wherever possible, is helped by its excellent illustrations, of which there are nearly six hundred, showing in many cases the steps of the various procedures. Many of them are photographs, and in the section on bandaging they are especially abundant. This new edition gives evidence of thorough and careful revision. All matter which has become obsolete has been omitted, and a large amount of new material has been added.

The work is one that should be found in the possession of every medical man in the state be he specialist or general practitioner. In our own work in the past we have found occasion to frequently refer to this book for information and have derived from it so much that was of assistance that to be deprived of it would be considered a distinct loss. It is a distinct pleasure to call the attention of our readers to this new edition, and to commend it to them.

THE USE OF PITUITARY EXTRACT IN OBSTETRICS.

1. Pituitary is of great value in cases of weakness in uterine movements after the soft parts are well dilated. Failure in these cases is rare, probably less than 1 per cent. The later in labor, but before delivery, the more striking the effect. The danger to the child and mother is very slight.

2. As an addition to some mechanical method, e. g., the Champetier de Ribes' bag, it is of great value in bringing on premature labor or abortion. In the former case it may be sufficient in itself, but there is some risk of tetanus of the cervix, or of the uterus, especially when repeated injections are required.

3. For delivery of the placenta its use is accompanied by the danger of tetanus uteri and retention.

4. In post-partum hemorrhage a considerable percentage of failures may be expected.

When a need for a uterine stimulant arises in cases conforming to the above indications, I believe that pituitary is of the greatest value, and will act as in Cases 1 and 2, which are typical of others in my experience.—*Harrison Arch. Int. Med. Sept,* 1913

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